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a.m. Details Page A-18.

# POWs

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an for the pproval prob- given to two others. One is free lodging for the family at any Holiday Inn in the world with $13 a day each for meals up to one year from release. The other is free use of a Ford auto, maintenance free for one year.

Several other offers, such as a free electric razor, are being considered.

Capt. A. R. Hawkins of the Pentagon's Office of Community Relations, says the only rule is one that prohibits members of the armed forces from accepting gifts from a person or firm doing business with the Pentagon.

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## WEDS

### NEXT POW LIST EXPECTED TODAY

Associated Press

The Pentagon says it expects to receive sometime this morning a list of names of the next group of POWs to be released by the North Vietnamese.

A spokesman said the list will not be released until the next-of-kin had been notified. This is expected to take several hours.

The spokesman also said it is not known how many prisoners would be released. Although there was no firm word, indications were that the POWs would be released tomorrow.

# New Plans To Aid Poor

By JERRY T. BAULCH
Associated Press

President Nixon said yesterday too much federal money "has been going to those who were supposed to help the needy and too little to the needy themselves," and America must do better than this.

He said that in the 1960s the government "undertook ambitious, sometimes almost utopian commitments in one area of social policy after another" that "in case after case amounted to dismal failure."

In the fourth of a series of nationwide radio addresses on his State of the Union report, Nixon said:

"Those who make a profession out of poverty got fat; the taxpayers got stuck with the bills, and the disadvantaged themselves got little but broken promises.

"We must do better than this. The American people deserve compassion that works—not simply compassion that means well. [redacted] programs that say yes to human needs by saying no to paternalism, social exploitation and waste."

Senate Democratic Leader Mike Mansfield of Montana told reporters he agrees with Nixon that many domestic programs "have been over-administered and under-applied," with too little help going to the people Congress sought to help.

In his address, taped before he left to spend a few hours at Camp David, the President said, "To our great credit we Americans are a restless and impatient people—we are a nation of idealists.

"We dream of eradicating poverty and hunger, discrimination, ignorance, disease and fear, and we would like to do it all today. But in order to reach these goals, we need to connect this warm-hearted impatience of ours with another equally American trait—and that is level-headed common sense."

The President said he will send to Congress within a few days a message on urgently needed reforms in social programs intended to cure past failures.

See NIXON, Page A-4

# *Arab Leaders Show Unusual Restraint*

By William J. Coughlin
Los Angeles Times

BEIRUT, Feb. 24—Despite emotional outbursts in the streets, Arab political and military leaders today continued to display unusual restraint over Wednesday's downing of a Libyan airliner by Israeli jet fighters.

Egyptian President Anwar Sadat met in Cairo with the "Supreme War Council an Egyptian council of civilian and military leaders concerned with war preparations.

Egyptian Premier Aziz Sidki met with the Cabinet in an emergency session lasting nearly three hours to discuss "Israeli aggression against the Libyan plane."

[The Egyptian parliament, meanwhile, urged the government to seek an urgent meeting of the U.N. Security Council and ask for sanctions against Israel, according to the Middle East News Agency. It also urged that a conference of Arab parliamentarians be convened in Benghazi, Libya, to consider plans for coordinating Arab efforts against Israel. The parliament then issued an appeal to all governments of the world to impose an embargo on weapons shipments to Israel.]

Remarkable, in the view of political observers here, was the continuing silence from Libyan leader Col. Muammar Qaddafi. His Revolutionary Command Council met last night and called on Qaddafi to send condolence messages to the families of the 106 killed in the plan crash in the Sinai.

No other information was announced following the meeting.

A Beirut newspaper said today that Qaddafi's Council decided to send Libyan fighters on patrol over the Mediterranean to "shoot down Israeli aircraft wherever they were encountered."

The newspaper said Israeli El Al airliners were being routed over Turkey and Greece to avoid Mediterranean routes near Libya.

[Libyan sources in Beirut, however, denied that Libyan pilots had been ordered to shoot down El Al planes, describing the newspaper report

See ARABS, A4, Col. 1

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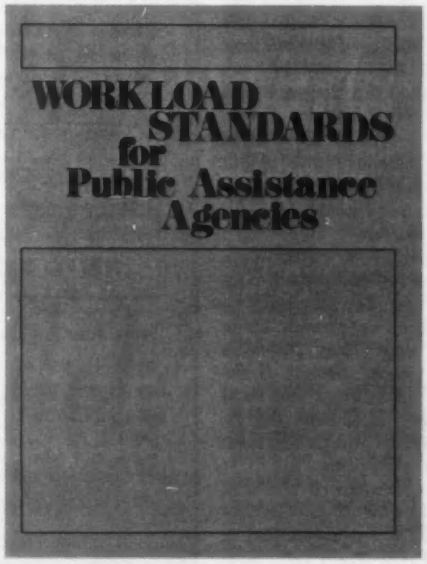
This booklet lists standards recommended by the National Policy and Performance Council

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# Cover Notes

First to the Nation as a whole and then in a special Message on Human Resources to the Congress of the United States, President Richard Nixon indicated the direction he wished to take in leading this country toward "fulfilling the American dream for all Americans."

The President asked the Congress and all citizens to "recognize that the American system which has brought us so far so fast is not simply a system of government helping people. *Rather, it is a system under which Government helps people to help themselves and one another."*

Following the theme of partnership, which has prevailed in social service policies and programs for two centuries in America, the President continued, "Even where the public sector has played a major role, . . . the great strength of the system has derived from State and local governments' primacy and from the diverse mixture of private and public institutions" in getting the job done.

Certainly this partnership of levels of government and sectors of the society must be maintained and strengthened in order for the Nation to carry out—with effectiveness and economy—the great work of aiding the disabled, healing the sick, caring for the very young and the very old, and doing those other things that have given witness to the depth of the American soul.

The Social and Rehabilitation Service, as the title of this, its monthly periodical, indicates, is dedicated to providing the compassionate, humane, and workable response to the "human needs" of our people. SRS has also decentralized and regionalized its support activities, knowing that States and localities ultimately deliver the best service. Hence, as this March issue illustrates, this magazine—HUMAN NEEDS—is also regionalized to highlight all the partners of SRS. —T.O.C.

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Kindness is a remedy to combat child abusers.

# *Why do they* Beat Their Child?

HOWARD D. CRISWELL, JR. There was a time in the not-so-distant past when the preferred treatment for parents guilty of child abuse was imprisonment, removal of the child from the home, or both. Natural outrage and horror felt by responsible officials faced with child abuse cases left little margin for leniency. The uniquely brutal character of crimes against children seemed to most people to warrant only severe and definitive punishment.

In many child abuse cases, termination of parental rights, imprisonment of the parent, or both continue to be the most acceptable and just remedy. Brutailty and cowardice all too often are a *modus operandi* for some parents.

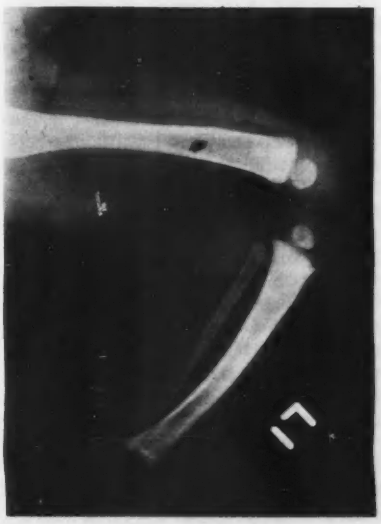
But new research into the causes and consequences of child abuse seem to suggest that punishment may really not be the only answer for child abusers. Indeed, a new and revolutionary concept in the child abuse area indicates that help, not punishment, offers the greatest promise of successfully combatting the child abuse syndrome.

Under this innovative approach (which is rapidly becoming a part of the training of social service workers), punitive action against child abusers is replaced by kindness and understanding.

Simply speaking, the child abuser is counseled to face the problem from which the abuse stemmed.

A pioneer in this revolutionary treatment of child abusers is Dr. Brandt Steele, a pediatrician-psychiatrist at the University of Colorado Medical Center in Denver. Others in the forefront of the movement are Dr. John P. Dorst, Chief of Pediatric Radiology at The John Hopkins University School of Medicine; Dr. Henry Seidel, Associate Dean at Johns Hopkins; Dr. C. Henry Kempe of the Colorado Medical Center; and Dr. Ray E. Helfer of the College of Human Medicine, Michigan State University.

"Child abusers come from all economic levels of life," says Dr. Steele. "They can be bankers or stock brokers on down."



Dr. Dorst agrees. "There's no doubt that there is a high percentage of child abusers in the upper socio-economic levels, but the incident figures are reflected in the larger public clinic population where the staff is trained to look for it. Private pediatrictions often don't suspect child abuse when they see it."

If economic levels have nothing to do with child abuse, then what type of person commits such a crime.

Fortunately, there have been successful efforts to create a profile of the child abuser.

The profile reveals one outstanding characteristic: *nearly all child abusers were themselves abused as children!*

"Violence begets violence," Dr. Steele notes.

Included in the profile of the child abuser is the trait, observed by Dr. Steele, of a passive personality. Child abusers are extremely submissive to authority, yet they are quick to show aggressive behavior to those below them.

Another characteristic of the child abuser is that they often expect their children to perform far beyond their years, so that they can boast that their children "are like grownups". And when the children fail to measure up to the parents' grandiose expectations, they are often abused.

Dr. Steele estimate that 80 percent of the children who are removed from their homes for safety can be returned after counseling of the parents. Dr. Seidel said he cannot estimate numbers, but that the percentage he successfully treats is high.

Most of the new community treatment programs are self-generating, usually beginning with a pediatrician who has treated many victims of child abuse.

At this point, the pediatrician, may call for the help and guidance of the new Center for the Study of Abused and Neglected Child, or the American Humane Society, both situated in Denver. But a community program must have trained people to recognize child abuse.

This means that there must be physicians and social workers who know what to do when they encounter it.

Dr. Steele's recommendation is that the interested community should first form an organizing committee. This core group should include pediatricians, social workers, a psychiatrist or his equivalent, someone from the courts (both adult and juvenile), and others involved in social work.

There are few, if any, colleges which have courses on therapy or treatment of abusive parents, according to Dr. Steele.

Thus, at the Denver Center, (recently financed with a 3-year grant of $580,000 from the Johnson Foundation,) Dr. Steele is eager to train all of those who become involved in handling child abuse. But because of its newness, only a handful can be accommodated there at one time.

There are no formal lectures at the Center, but those who visit it are permitted to accompany workers in Dr. Steele's program through their daily chores. They may follow a doctor through a pediatric ward, or they may attend a court session of a child abuser. They can also listen as a social worker counsels a child abuser, in person or by telephone. It is in these situations that the worker attempts to bring out the dynamics of each particular case.

The number of interviews between doctor or social worker and the child abuser depends upon the cooperation of the offender. The counseling sessions may be daily at first, then weekly, and then taper off to monthly or bi-monthly sessions as parent or parents respond.

For those parents who don't respond, or refuse to cooperate, Dr. Steele's tactic is to call on the parent continually (despite the rebuffs), either in person or by telephone, until he can break down the resistance.

A consensus of the doctors is that the counselor's basic attitude must be to seek cooperation through an understanding of the behavior of the child abuser. Dr. Steele believes the key to the treatment of the child abuser is a sensitive and understanding social worker who usually is in the forefront of the treatment.

"The social worker cannot take a punitive attitude toward the offending parents. If he or she does, the therapy becomes disaster," says Dr. Steele. "The worker must understand what stresses and difficulties the family are under."

Dr. Steele believes there is a similarity between the punitive therapy of prisons and the punitive treatment of child abusers. He notes that, historically, prisons do little in the way of reforming inmates. Punitive action against child abusers does little to rehabilitate them.

The consensus of the Physicians is that each child abuser has a different problem, or problems, which must be confronted. The result is that the worker must not just listen to the child abuser's problems, but he or she must attempt to deal with them.

In most programs offering treatment to child abusers, the offender must cooperate voluntarily. In some communities, if a parent does not cooperate, the court then removes the child from the home. This is true in Maryland, for examples, where the child abuser must submit to therapy or lose the child.

But in most States, a parent's cooperation is voluntary and, therefore, hinges on the success of those workers in the program who can establish a sympathetic rapport with the parent.

A common misconception is that the parent abuses a child out of a sense of sadism. Drs. Steele and Seidel say this is just not so in most cases. The reasons for child abuse lie in anger and frustration, in a crisis situation which the adult cannot handle. Because the dynamics of each case may be different, the social worker must be trained to be sympathetic to the parents' problems and to reassure them that they can be helped.

"With some rehabilitative workers, it is not hard to train them to handle child abuse," observes Dr. Steele. "But with others, it is impossible."

When there is a problem of obtaining cooperation from the parents, it is usually because most child abusers tend to have been abused themselves. They generally do not consider that they have done anything wrong. Many, however, have feelings of guilt.

Dr. Steele's advice to counselers is to be warm and sympathetic, but at the same time firm, emphasizing that child abuse cannot be tolerated. "But the rehabilitative worker must approach the problem without any preconception," he asserts.

Usually, some crisis in the lives of immature parents precipitates child abuse, according to Dr. Steele. "The significant element, and the most important one," he says, "is that the parents have been subjected to the feeling of having been put down." This leaves them with a feeling of inadequacy.

As for the total number of cases, Dr. Dorst believes that they are steady, but that reporting is on the uprise because doctors are beginning to recognize child abuse more readily.

Because of inadequacy of reporting, the true incidence of child abuse may never be known. In the cities of New York and Denver, where considerable attention is given the problem, the incidence of reported child abuse is about 250 to 300 cases per million population. One medical source estimates that each pediatrician sees about three or four cases a year, many unrecognized.

Not only are clinic physicians and pediatricians becoming more aware of child abuse, but so are radiologists. "We have been told that we have the highest percentage of identifying child abuse in the State of Maryland," says Dr. Dorst of his Johns Hopkins clinic. "But still, we see only the tip of the iceberg. A radiologist should become suspicious if he sees healed bones in small children on his X-rays."

When the radiologist suspects child abuse, doctors agree that he should immediately notify the referring physician, who then can confer with the ra-

diologist and the social service worker. At this point, the social worker becomes a principal figure. It is the social worker who must investigate the charges, and advise the court if it is necessary to remove a child from a home for his safety.

"Often, the courts leave to the social worker the judgment of whether child abuse has been committed," Dr. Steele notes. "Thus, these workers are asked to make a medical decision, a decision which should be left to the doctors."

Dr. Steele believes the social worker should only be involved in the treatment of child abusers. Visiting the parents regularly and giving them constant reassurance would be routine tasks. To do this, the social worker must delve into the cause of the child abuse, job difficulties, difficulties with the spouse, or whatever other problems are apparent. Because most child abusers feel inadequate and rejected, the social worker should constantly reassure the parent or parents, Dr. Steele believes.

While the most common characteristic of the child abuser is that he or she was abused as a child, a lack of maturity is another common trait which the social worker should recognize and use to his advantage. "Abusive parents have many unfulfilled strivings toward maturation and independence which the social worker can gently and skillfully encourage without coercion or rigid control," observes Dr. Steele.

"The social worker can reassure the parent," he explains. "These parents who are under therapy want to mature. They want to be able to stand on their own feet. The social worker should not be afraid to allow them to do so."

In the past, it was often difficult to persuade physicians to report child abuse. But this has changed. An important reason for the change is that the laws of many States now not only give the reporting physician immunity, but also protect the abused child by requiring that child abuse cases be reported. The physician who turns his head the other way in some States now may find himself in serious trouble.

Physicians, however, are apparently less fearful of reporting child abuse incidents. This is in contrast to the past when many turned their backs on obvious child abuse cases because of fear of legal entanglements. For example, in California the courts recently awarded the State a judgment of $600,000 against four physicians who did not report the abuse of a 3-year-old child. The child subsequently was abused again, this time by his mother's boyfriend who inflicted permanent head injuries to the youngster.

In effect, this left a permanently injured child a lifelong ward of the State, Dr. Steele notes. The State filed a $5 million damage suit against the physicians and the San Luis Obispo police chief for failing to report the first instance of abuse. The eventual settlement was $600,000 which will go into a trust fund to provide the state $81,000 a year for medical and custodial care.

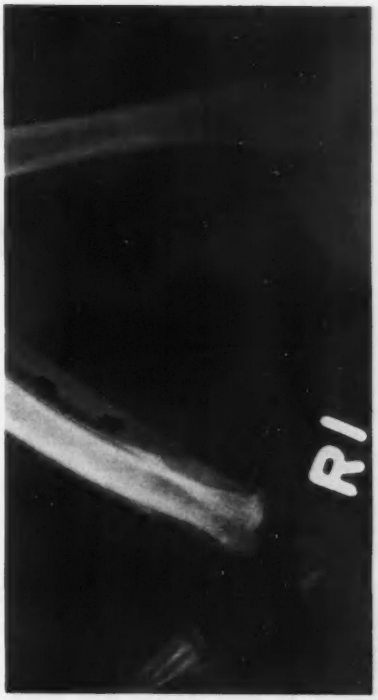
As noted, there have been efforts to create a profile of the child abuser. There have also been some efforts made to identify the possible child abuser *before* the actual abuse. Here, the obstetrician is the key, Dr. Steele believes, although not many obstetricians are sufficiently sensitive to the problem.

How can the obstetrician help? Dr. Steele believes one way is by talking to the mother during her pregnancy, and when, possible, to the father. Dr. Steele says the obstetrician should ask every pregnant patient about her own childhood.

Some of the questions he might ask would be these: "How were you brought up? How were you disciplined? Who will you look to for help? What do you want, a boy or girl? Do you want your baby?"

"He must ask these questions gently," Dr. Steel notes. "When he finds a woman whose profile puts her in the possible child abuser category, then he can talk to her or have a social worker approach her."

This added interest by the obstetrician could head off child abuse which, as statistics show, later tend to lead to violence, runaway children, and even assassination. Sirhan Sirhan, who shot and killed Robert Kennedy, is one of the most notorious victims of child abuse.




The majority of those now using therapy on child abusers are convinced that this new approach to handling the problem is the *only* way to break the generation to generation abusive chain. If that chain can be broken, many experts believe, it may even be possible to contain, and eventually stop, what seems to have become an epidemic of violence and aggression in this country. IH

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Mr. Criswell is a science reporter for a Washington news syndicate and an experienced commentator on social problems in this country.

# *Help Has No Structure in the troubled world of welfare*

LAWRENCE PODELL. Publically-assisted mothers, when faced with purely *economic* problems, quite naturally turn for help to the local welfare office, or to their social worker. A lost assistance check, a new dependent in the family, eligibility changes, and other matters relating exclusively to finances are matters referred by welfare mothers to the welfare office, or to the individual representing that office.

But whom do mothers on welfare approach when they need help with their *personal* problems? Is there any single profession that holds the confidence of these women? Do they turn most frequently to their doctor, their social worker, their clergymen? Or do they generally just try to cope with their problems without seeking help from anyone?

The answers to these questions were sought in a recent survey of over 2,000 publically-assisted mothers in New York City. The final data revealed some extremely interesting and often disturbing information.

The survey concentrated on three principal problems welfare mothers might experience: concern for their children's future, referral for medical care, and birth control.

The lead question in the survey was: "Is there any one person that you go to with your troubles and problems?" Sixty-three percent of the Negro respondents answered in the affirmative, in contrast to 52 percent of the whites, and only 40 percent of the Puerto Ricans. The better educated the woman, the more likely it was that she would respond affirmatively.

The women were then asked to identify the person they approached most frequently for help when faced with personal problems. On a percentage basis, the response distribution is as follows: Social Worker - 1 percent, Husband - 2 percent, Clergyman-3 percent, Other-4 percent, Friend - 18 percent, Relative - 24 percent, and No One - 46 percent.

Included in the survey were a series of questions about the women's *perception* to certain helping occupations. When they were asked, "Do teachers ever make you feel that you shouldn't bother them?", 8 percent of the mothers with children in school answered in the affirmative, including 11 percent of the whites, 8 percent of the Negroes and 6 percent of the Puerto Ricans. An identical question was asked about physicians. Twelve percent responded affirmatively, including 15 percent of the white mothers, 12 percent of the Negroes, and 12 percent of the Puerto Rican mothers.

Some of the welfare mothers had regular contact with school teachers, and some routinely saw medical doctors. But all of them had regular contact with welfare workers. Indeed, from the viewpoint of accessibility, it might be expected that welfare workers would be the prime referral agent for publicly-assisted families in need of help. But when the clients were asked, "Do welfare investigators ever make you feel that you shouldn't bother them?", 36 percent answered affirmatively. In a breakdown of this answer, 41 percent of the Negroes were shown to have answered affirmatively, as contrasted to 32 percent of the whites and 29 percent of the Puerto Ricans. Respondents who felt that teachers and physicians made themselves unapproachable were more likely to believe that their welfare workers did too.

*There was some evidence derived from the survey that deprivation, whether perceived or actual, is related to the feeling that the welfare worker is unapproachable. Furthermore, clients who believe that physicians are prejudiced against public assistance recipients were more likely to feel that their welfare investigators discouraged contact. And mothers who kept their children home from school because the children lacked adequate clothing or because they were ashamed of the way the children were dressed were more likely to report that their welfare workers kept themselves aloof.*

Questions were then asked about the three specific problems addressed in the survey: the child's future, medical care referral, and birth control.

The women were first queried about the person with whom they discussed their child's future—the husband, the child's father, relatives, friends, welfare investigators, teachers, or a guidance counselor. 35 percent of the women replied that they talked to their husbands about their child's future, while another 19 percent talked to the child's father (if someone other than their husband). A

total of 54 percent of the women thus discussed the topic with their mates. Sixty-three percent of the Puerto Rican mothers discussed their child's future with their mates, compared to 51 percent of the Negroes and 43 percent of the whites. Sixty-one percent of the total group discussed the child's future with relatives and 64 percent with friends.

Fifty-eight percent of the respondents talked to their welfare worker about the child's future. Fifty-six percent discussed the matter with school teachers and 33 percent with a school guidance counselor.

In summary, the figures indicate that Puerto Rican clients are more likely than Negroes or whites to talk about the future of their child with their mates. In contrast, the White mothers were less likely than those in the other groups to talk about their child's future with others.

The mothers were asked, secondly, a number of questions concerning medical referral. Inquiry was made about the person they approached when they need medical care for someone who was sick in the family—Possible choices were given as mate, relatives, friends, welfare workers, social worker, clergyman, or druggist. Forty percent of the women replied that they talked to their mates, including 51 percent of the Puerto Ricans, 34 percent of the Negroes, and 28 percent of the whites. 42 percent of the women discussed the problems of obtaining medical care with their relatives and 37 percent with friends.

The welfare worker was approached for guidance in obtaining medical care in 46 percent of the cases. The proportions were highest among Puerto Ricans, less for Negroes, and least among whites—48, 45, and 40 percent respectively. Fifteen percent discussed the matter with a social worker, 13 percent with a clergyman, and 25 percent with a druggist. Again, in each case, the proportions for Puerto Rican clients was the highest, with Negroes next, and whites the last.

Thus, in summary, Puerto Rican clients were more likely to discuss how to obtain medical care with mates, relatives, friends, or professionals, while Negroes were the next likely and the whites least likely.

The third general problem area which was probed concerned the question of whom welfare women seek birth control information from—mate, relative, friends, welfare worker, social worker, clergyman, or doctor. The question was phrased: "Do you ever talk with —— about what to do to keep from getting pregnant? For the purposes of this part of the survey a special subsample of the group was formed composed of women under 45 years of age who had not been sterilized and who were not then pregnant.

Of the women in this subsample, 29 percent replied that they had discussed contraception with their husbands, including 32 percent of the Puerto Ricans, 23 percent of the whites, and 18 percent of the Negroes. Twenty-nine percent of the women talked about birth control with relatives, 43 percent with friends. The Negro women were the most likely of all to have discussed the matter with their relatives—35 percent of them—as compared with 25 percent of the Puerto Ricans, and 16 percent of the whites. In addition, the Negro women were the most likely to have talked to their friends about contraception—50 percent, in contrast to 34 percent of both Puerto Rican and white respondents.

Twelve percent of the women in the subsample talked about birth control with their welfare investigator, 7 percent with a social worker, 2 percent with a clergyman, and 39 percent with a physician. In each case, the Negro women were more likely to have replied affirmatively than the rest.

Thus, Puerto Rican women were most likely to have discussed contraception with their husbands, but Negro women were the most likely to have had discussions about the topic with others, whether relatives, friends, or professionals.

The survey indicated that welfare mothers on the whole view school teachers and doctors as being more approachable than welfare workers. But the point is, none of the people holding positions in "helping occupations" are really looked upon as being a *significant* help resource to welfare women faced with personal problems. ■

Dr. Podell is Acting Dean for Program and Policy Research, the City University of New York.

Huckleberry House for runaways recognizes that its clients are in crisis but follows the notion that crisis can be creative.

# *What do they really say At Huckleberry's?*

HERBERT GOLD. Two sixteen-year-old boys, veteran "rappers," are sitting with me in the kitchen of Huckleberry House on Judah Street in San Francisco, and we are eating comforting American semi-junk foods—supermarket crullers, chalky milk—and they are telling me some of their troubles, beaming all the while. Mother back in Germany; yes, I'm half-German but I don't speak it; no word from her for eight years. Dad's got his own troubles—new wife, new kids, no money. And the other young man: Opportunity High, a mean stepdad, a mother flat on her back with a fusion; no, he doesn't see her much."

They want to make it in the group family here at Huckleberry's. They want to have fun, to be a sound engineer, to be a musician, not to use dope too much, not to be wiped out, to get through school, at least Opportunity High—it's freer, it's not so structured—they seem very hip, amused, cunning, and old.

One of them likes to talk to visitors. He's been in and out of Huckleberry's for years. It's saved him from jail or worse.

The other is pretty cool—long hair, pimples, pouty mouth.

They are human beings with human souls who might easily be abandoned to all-too-human disaster. Instead, they have a place, a home, a family. Huckleberry House.

Huck Finn, that exemplary adolescent of American literature, wrestled with his angels by fleeing his home in order to find himself on the great river of America. "The crisis of juvenile originality," as it was named by a French psychologist, is a part of the process of maturity —when the child marks out a different territory for himself, and leaves his parents, and becomes an artist, a psychotic, a delinquent, an adventurer, an addict, a mature person. Huckleberry House is also a possibility. The spectrum of choice is a wide one, all proceeding from the convulsions of adolescence.

Some young people collapse into mere fugue: flight, flight, flight; and the human casualties of such purgatories as the Haight-Ashbury or the East Village are in the thousands.

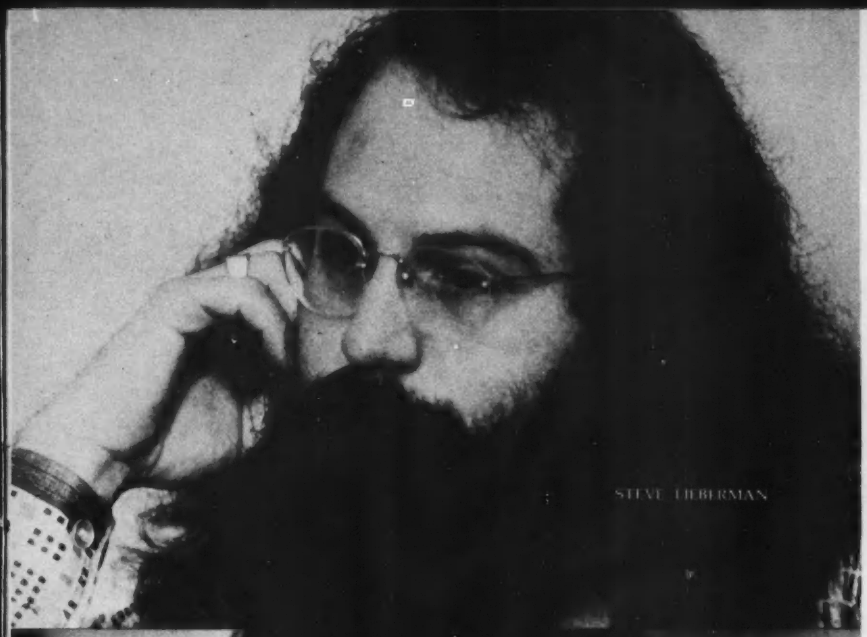
Huckleberry House, formerly Huckleberry's for Runaways, was created out of unusual good luck: the right talent and the right need in the right place—San Francisco, as the flowers were wilting, in the late sixties. The kids were wrestling with angels and turning into devils. They needed help. Their parents needed help. Society needed help. A few people with both help and whimsy in their souls came to originate Huckleberry House, a place which grooved, which had vibes, which talked to the kids, and nonetheless did the serious adult jobs of saving lives at the turning point.

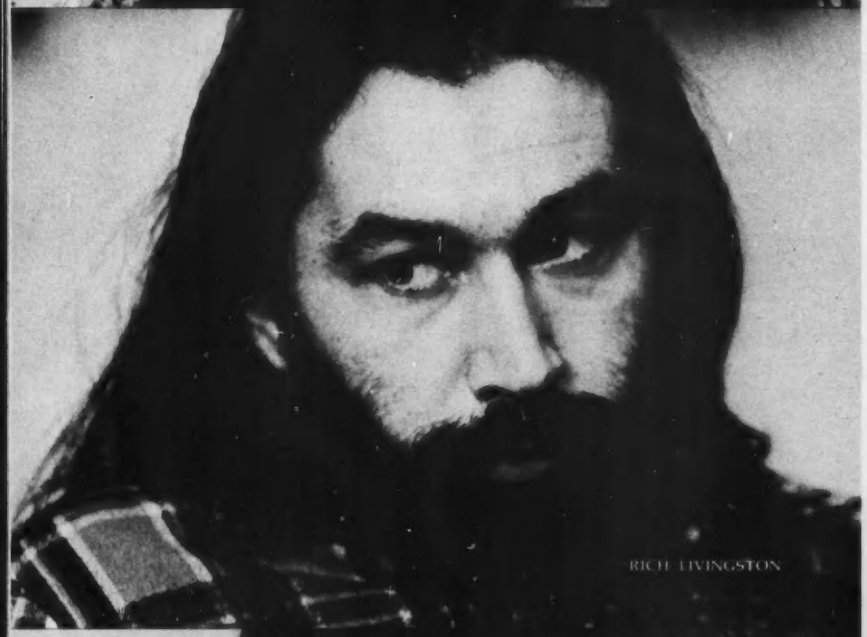
The Reverend Larry Beggs, Founder, dedicated his book about Huckleberry House to "the children with windy feet." The phrase captures a certain Dylanesque poignancy which made this institution endure while others, intending equal good, withered or collapsed. Boyish himself, Larry Beggs understood that his clients were not merely lost souls; they were also poets and critics who made their points about family life with the only resource they felt capable of using—their feet. They took off, like Huck Finn, for the territory ahead. In their extremity, they sought both freedom and responsibility by the simplest of adolescent means: by leaving home.

Of course, it's not enough. And there is injustice to both child and parents. Windy feet is not a total solution.

The original theory in establishing Huckleberry House was to help young people through their own problem-solving and decision-making to return home without the intervention of men-in-blue. It was built upon respect for the power of young adults. It did not try to stand as an enforcing agent for parent power, but rather as an extension of the young person's quest for a balance of originality and connection with the world. It recognized that its clients are in crisis, but it follows the contemporary notion that crisis can be a creative condition; it must be lived through, not stifled.

Sometimes the ones who run away are stronger, even in their trouble, than the ones who can't; and the parents who at least have left their sons and daughters the strength to run away are better parents than the ones who have crippled them utterly. At least this is the belief at


STEVE LIEBERMAN


RICH LIVINGSTON

BRIAN SLATTERY



Huckleberry's. They have seen the resources summoned up by both parents and children, and often these are resources of reconciliation after treaty. Huckleberry House says it is for runaways (or thrust-outs)—*and their parents.* The system allows for the pain of the short-haired and the confused in the suburbs and small towns, too.

The rough division of Huckleberry culture:

1. RAPPING. Just goofing and sounding the runaway. Johnny or Susan want to talk, send out signals, blow words into the air to see if they take shape? Rappers are present. They are young people who can also challenge nonsense and raise the important questions.

2. INTERVIEWING. This is more specialized. The interviewer names the stress. He discovers the options. He writes down what the client thinks about school, drugs, parents, long hair, loneliness: he gets a profile on paper.

3. STREETWORKING. These are volunteers who patrol the streets where the young gather, casting nets for those in trouble. They have no enforcement power, but they can do a job the police are not equipped to do: to give help before the law is violated.

4. OFFICE STAFF. They answer the phone, talk with parents, run the machinery. There is the incidental task of keeping Huckleberry's in the public eye, since it lives on donations.

5. THE CLIENTS. This word, applied to people who in other agencies are called "children" or "juveniles," stands for the dignity of someone served. A client can trust. Clients participate in the running of Huckleberry's, and help with new clients. They sit on boards and committees. They know what's going on; it's not being done to them. "We respect them at the same time as we confront them," one of the interviewers said. The emphasis is on communication with the client, not treatment of a sick person. The client is put on the same basis as the rest of his family. In the "neutral ground" of the house on Judah

Street, parents and young can meet again—and sometimes for the first time, or at least in a new way. Was there war between them? Now there are peace negotiations. Even if they break down, something is gained. The adults and their children understand that rights are involved.

"Huckleberry's for Runaways," as it used to be called, is also Huckleberry's for Parents. Parents are sometimes runaways from the world of changes, and at Huckleberry's the Mister Jones, whom Bobby Dylan sang about, comes to know what it is that is happening, at least to his children. He can come home, too.

We can make a pretty good guess about Mister Jones' problems. Mister Jones is a depression product; security is what he wanted. His children are the products of affluence; personal fulfillment is what they dream of. Security means personal fulfillment to the parents; personal fulfillment is the only security for their children. In this confusion there is also the seed of understanding. The matters are connected, as all human souls are connected, no matter how history changes us. "We gave her everything money can buy," say the parents. "Do your thing," say the kids, who want to go not *up* but *in*.

"Stop!" says Huckleberry. "Let's look it over. Where is security, where is personal fulfillment, where is up, where is in?"

It turns out that adults are not finished products, either; they can learn. Education continues for everyone.

The "clients" at Huckleberry's are people who have problems with other people—usually their parents. They are helped to face those problems, with the sense that the time of crisis is the time when solutions or resolutions can be found. The issues of rock music, long hair, beads, LOVE patches, even what vegetable they smoke, seem trivial to some of us ("No, Madame, quadrivial.") But to some parents and some children, they mean war.

Rich Livingston, one of the Co-Directors, was interviewing a group of applicants for a job as House Manager, an all-purpose receptionist, cook, advisor, group worker, mother, sister. In her spare time, she would also be expected to do "outreach work in the community." They wanted a woman aged 18 to 22, to youthify the aging directorship—average age now in late twenties—and to increase the female authority in the house. She should be "energetic, receptive, learning, willing." Salary: $500 a month.

I sat with the young women on pile rugs, on Paisley pillows, as Rich listened to them in the large downstairs gathering-room: a catcher's mitt, a mobile, posters, unshoed feet. "Have you dealt with crisis?" he asked.

"Well, no, except for a knife fight between two girls," said one languid applicant. "I'd never experienced that, but I had to get between, separate, that trip. I don't know if you'd call that a crisis."

"Yes, I might call that a crisis. But mostly here it's, like, family crisis. In general, no knives."

All the women claimed some experience in neighborhood, settlement, youth center. The tranquil voices described storefront counselling on the Lower East Side, pregnancy, drugs, "kids who flunked out of mental hospitals."

"Well, here it's different," Rich said. "We present alternatives."

A girl: "To me it's like a learning trip, man. I'm learning too; getting more sensitive, opening more doors for myself." (She will be rejected.)

Another girl: "I want to teach these kids on hard drugs, open them up to the fact that they're confused, bad company they're in." (Reject.)

For awhile I left this room, with its solemn, eager, tense, or languid young women, and patient Rich listening to each one rap about why she needed to work nights, cook, clean, counsel, do. In an office—many coffee pots, paper files, bulletin boards measled with thumb tacks—Brian Slattery, another of the Co-Directors, was trying to get a kid out of the Boys Home. He was talking to a lawyer about Children's Rights. "Doesn't he have the right to a hearing? He's doing okay in school, the only problem is he took some of his own money out of his own savings account."

Then Brian was on the phone with the young man: "What you're into, Jolly, is you got a lawyer, you got a hearing. Let's see, you're a 601, parental control, joyriding, blah blah. Okay, you're getting to a better place with your mom and stepdad now. You're doing fine in school. I don't think the court'll want to send you to L.A. After you talk with your lawyer, call me. If I'm not at Huckleberry's here's my home phone."

Back in the other room, Rich was still interviewing, on into the night.

I said to him: Why did you let some of them run on like that, when you could see they were out of the question?

"It's only fair," he said. "They're trying."

One sunny winter afternoon, I sat around that downstairs room of Huckleberry House at 3830 Judah Street—formerly a parish house—with its three young directors, Rich Livingston, Brian Slattery, and Steve Lieberman. They have been here most of the five years of its existence; they are in their mid-twenties; it has become their life, although they got to this place in peculiar ways—as volunteers, as a former law student, as a C.O. doing alternate service, as a social worker looking to go straight in the counter-culture. We were back among the posters (Dylan, rock concerts, drug warnings), Paisley pillows, coffee mugs, thick carpeting which invites bare feet. They were at ease with me and, it seemed, with each other.

We had a free-floating conversation in which they wondered why I was interested in them and I wondered why three bright young men had opted for the struggle of do-gooding as a profession. RICH: "Our trade is decisions, helping people make decisions. That's how we deal with each other."

BRIAN: "Why do they come? Family problems, not just drugs or long hair. They hope to resolve a family problem. With fathers it's usually an authority problem, with mother it's just how she *is*. They want to learn how to deal with it."

STEVE: "The Emancipation Process—*who am I?* How can I make more of the world? Sure, they're doing some Identity. Drugs, running away—that's symptom. So it's a power struggle with Father. He's supposed to be the head of the family, say, but he isn't. Struggle. With the mother it's not straight power, but a problem of manipulation."

The co-directors stir uneasily, glancing at each other. Rich's shoes are off. Brian is sitting on his hands. Steve is lying on a pillow near the door.

RICH: "Are we established in the community? We've been here longer than the corner grocer. We've outlasted three police captains."

STEVE: "About family therapy: Though I look a little freaky on the street—hair, beard—here I'm a professional unquote, and the parents accept me. They're in a state of crisis when they come in here. They need to let down their guard and search their souls with their children and they need to trust. And so they do."

BRIAN: "The move from thinking, *Our kid is messed up*, to realizing the parents have a problem is a big step. It's a group problem. Authority struggles are two-way struggles. The kid has some power. He's a bummer, and the pain is a guide to caring. They want to learn."

I ask them what else they do. I wonder how the directors live after the exhaustion of being parents, being runaways, being troubled, working it all through this loose, improvisational bureaucracy.

BRIAN: "My other energies? I hang out. Live. Listen, all life isn't *doing good*."

STEVE: "How do we work together?"

BRIAN: "Now no one rules. No one person controls. We work together, and each director can make decisions."

STEVE: "Every one of us trusts the other. We've made a discovery: Decisions are reversible. So we can take chances on each other."

BRIAN: "We call outside resources—psychologist, doctors, attorneys, family therapists—when we're not equipped to serve. We make the, uh, connection."

I wonder how the feeling of Huckleberry has changed since its origins in the Haight, in the illusory "Summer of Love", when San Francisco was flooded by tens of thousands of kids stoned on

drugs and the rage for the hippie vision —more than anything else, drunk on media.

STEVE: "Now, out of the Haight, people don't come in so much wanting coffee; just family feeling, excitement."

BRIAN: "We're growing up. Maybe we're middle-aged. Here the community feels bigger, broader, vaguer. It's not the intense Haight."

STEVE: "Love-groovy-drugs-acid—that was a ripoff. People went back to the old life-styles. Even the Haight got uptight. But the problems remain."

RICH: "Now we have two other facilities ready to go: a Short Term Group Home. And a place for job programs, programs for parents, expanded residential services. We can take on some of the roles of foster homes with other living arrangements, communes, like that. Here at Huckleberry, the Mother Headquarters, we'll be the Crisis Center—initial entry into the system."

We talked about how career plans for young men have changed during the generation since I was a kid, when erector sets and Monopoly and cars formed the minds. Service is surely the industry of the future.

BRIAN: "The neighbors, the community, the parents, the people check us out.

RICH: "And we seem to know what we're doing. So it's good they check us out. It's a healthy process."

These three intelligent young men have balanced their desire to do good, to find a place in the community, to live like normal people. The physicians have cured themselves, too. They have acquired the style of skilled communicators. They use closed circuit television sometimes to play back for families the style of their communications, saying without judging: "Look. Here's how you relate." Rich, Steve, and Brian relate well, and they don't need closed circuit television to give them any lessons.

I was hungry and up after so much coffee. Across the street, at a neighborhood short order counter, I had some toast and eggs at what might be a cocktail hour. The winter fog had come in from the ocean, but Huckleberry House glowed in a sunshine radiated from the stubborn San Francisco winter sky. Like a yellow submarine—remember? **IN**

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Mr. Gold is the award-winning author of such novels as *The Great American Jackpot*, *Salt*, and *The Man who Was Not With It;* as well as the autobiographical *Fathers* and *My Last Two Thousand Years*.

Chicago's New Horizons project is molding a genuine consumer involvement program.

# *Consumer Involvement in the delivery of Social Service*

WILLIAM H. BRUECKNER. "When we try to pick out something by itself, we find it hitched to everything else in the universe."

These are the words of one experienced observer commenting on the problems of rearranging relationships between the *consumer* and the *provider* of social services.

Translated, the comments mean that efforts to change the consumer - server relationship require modification of administrative, policy, and program elements of existing consumer involvement structures. Any new consumer action organization requires fundamental authority and responsibility to be able to take new approaches. To simply plug a "consumer wing" element into an old structure just doesn't work.

In Region V, one consumer organization is acutely aware of the shortcomings of the past and is doing something about it. The parent agency for the new approach—the Chicago Commons Association—is nearly 80 years old. But the approach it has taken is as young as tomorrow and could well serve as a model for innovative consumer action organization elsewhere. To put this group's fresh approach into proper perspective, however, a quick look at conventional consumer involvement organization is essential.

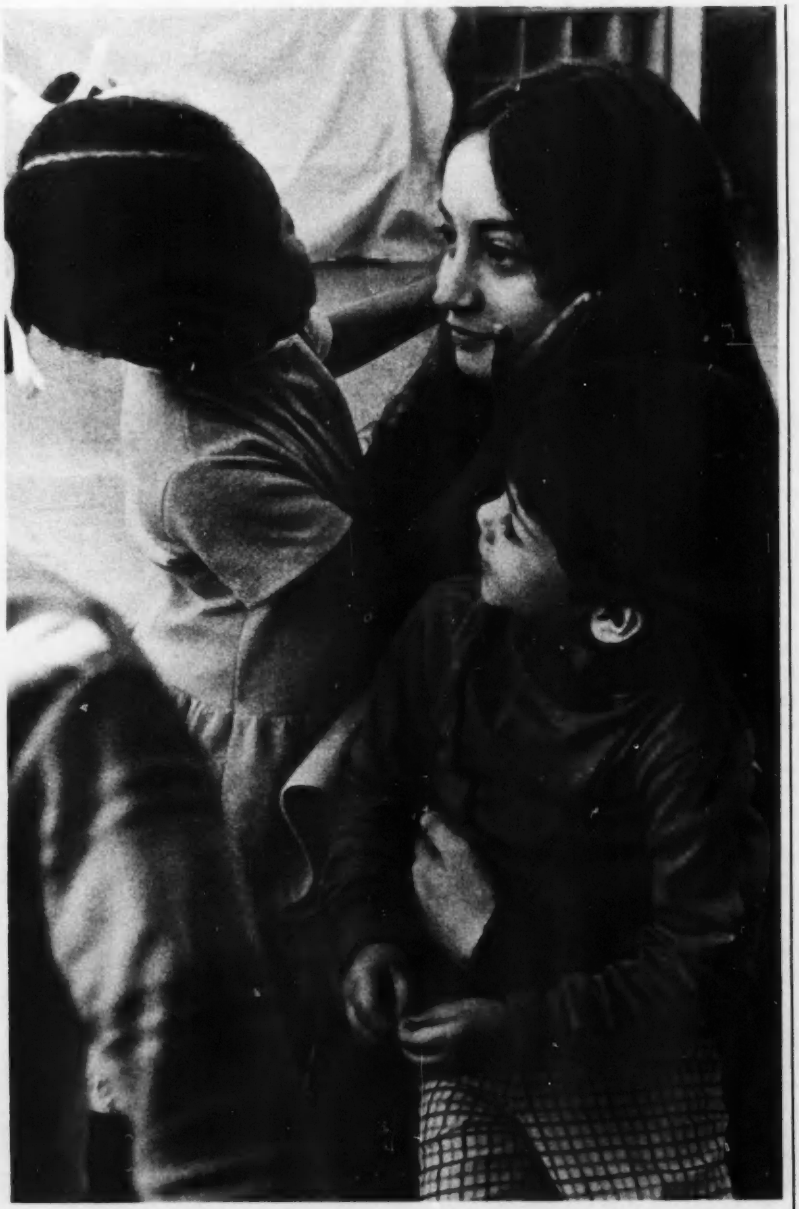
The conventional approach to consumer involvement in the planning, management, and delivery of social services has been and still is the injection of advisory committees into the operations of local services. Under the Social Security Act Amendments of 1967, Federal regulations require the creation of advisory committees on local levels "to advise the principal policy setting and administrative officials, and to have adequate opportunity for meaningful participation in policy development and administration, including the furtherance of recipient participation in the program of the agency." The regulations require these committees to include "representatives of professional, civic,

or other public or private organizations interested and experienced in service programs, and recipients of services or their representatives who shall constitute at least one-third of the membership."

Experience with this form of consumer involvement has been extensive since the mid-fifties. Yet hardly any aspect involved in designing social services has had more critical appraisal than the concept of citizen and consumer participation. Some observers have voiced the complaint that such advisory committees have been and still are essentially functioning as "token" gestures to the demand for democratization of decision making. These critics maintain that the committees essentially function to reduce tensions, to make clientele more comfortable, even to assure agencies that such participation constitutes no threat to bureaucracies. The committees, according to them, are useful instruments to dispel discomfort, unrest and suspicion. Other observers report lack of knowledge and skill on the part of committee members, preoccupation with survival, and little faith in organizational means to effect change.

Some of these criticisms, undoubtedly, are due to the fact that in the development of plans for service operations using advisory committees, much neglect has occurred in the consideration of all other elements of the service model. Included in this neglect were the review of professional function and behavior, the questions of responsibility and accountability, the mode of selection or election of advisory committee membership, and the assurance of consumer opinion feedback. And, at this point, there seems in some circles to be a temptation to discard the idea of consumer involvement altogether.

However, there are just as many indications in rural and urban communities of a growing consumers' insistence on some form of participation in decisions affecting their lives. Clearly, it would seem that such desires should be met



with a willingness to review the older devices of consumer involvement and to experiment with new approaches to this problem.

As pointed out above, that new approach is being taken by the Chicago Commons Association. It started as a settlement house and neighborhood center. It was one of the great reformer organizations of the turn of the century. Seemingly it always changed its way of doing things, adapting itself to changing needs. But it continued to see itself as an institution using neighborhood approaches to understanding and working against social problems.

At the same time, the Chicago Commons Association managed to feel its way from parochial to city-wide dimensions. During the sixties, influenced by the economic, political, social, and racial difficulties that shook the decade and propelled by the search for and seeking an understanding of new needs and new methods of work, it enlarged its area of action by merging with a number of other organizations in Chicago.

By 1968, Chicago Commons operated nine different service centers. Throughout this period, and especially after 1965, Chicago Commons engaged in intensive planning activity, examining questions in regard to the utility, quality, and ultimate impact of its service programs. In April of 1968, it resolved to begin a process of far-reaching change. Its board of directors voted that "The central objective of the Chicago Commons Association is to work with those people of the city of Chicago, who, in the search for a useful and satisfying life, have the fewest alternatives open to them by reason of poverty, discrimination, lack of education and occupational skills, health needs, inadequate housing, and social isolation."

Since then, implementation of this resolution has led to changes in service locations, program emphasis, and working methodology. New plans were made heavily stressing ways of consumer involvement.

An early example of this trend is the beginning of an agreement with a community group on Chicago's Near North Side involving the use of trust funds and expertise in the mounting of a demonstration program for housing low income families. Named the Near North Development Corporation, it has a majority of indigenous leaders on the board of directors. A newer project—called "Search"—is operating a school for retarded children with a board indigenous to the neighborhood. A third program, related to the North Englewood Improvement Association on Chicago's Southwest side, deals with a combination of needs in community-police relations, community-school cooperation, and legal assistance problems. Miles Square Enterprises, yet another project on Chicago's West side, is experimenting with means to combat communications problems by creating a newspaper under neighborhood auspices. With assistance from a national foundation, Chicago Commons is also involved in activities helping a corporation called "Spanish Coalition for Jobs".

New Horizons is certainly the most exciting Commons project. This program will ultimately serve 600 children, ages 3 to 5, occupying 6 housing projects. Directed by the Chicago Housing Authority, the projects are occupied by black families, most of whom are recipients of public assistance.

Chicago Commons, with its new policies, its experience in mounting programs, and its increasing planning and program competence, started working on New Horizons as early as 1969. It learned, while operating half-time head-start programs for only 30 children per unit, that day care, full-time, and substantial early childhood education programs were a large and growing need. Commons pursued its interest in the extension of these services in March 1969 when informed of a Chicago Housing Authority plan for a large day care center at the Henry Horner extension site of the public housing project.

The physical facilities were assured, but the cost of operations had to be met in other ways. Commons, therefore, approached the State of Illinois, through the Department of Children and Family Services. It informed that Department of its interest in joining Federal, State, city, and private resources to plan for a program on the Horner site.

The Department of Children and Family Services proceeded to examine the need. It found it to be city-wide. Much of its findings were based on a by now nationally known study of need for day care in Chicago provided by the Welfare Council of Chicago (now known as Council for Community Services in Metropolitan Chicago). The study found a rapidly growing need for such a program.

The State then asked the Council to assist in the development of plans. A number of agencies were invited to submit proposals and, after long and laborious negotiations, the Department agreed to fund six sites for 100 children each.

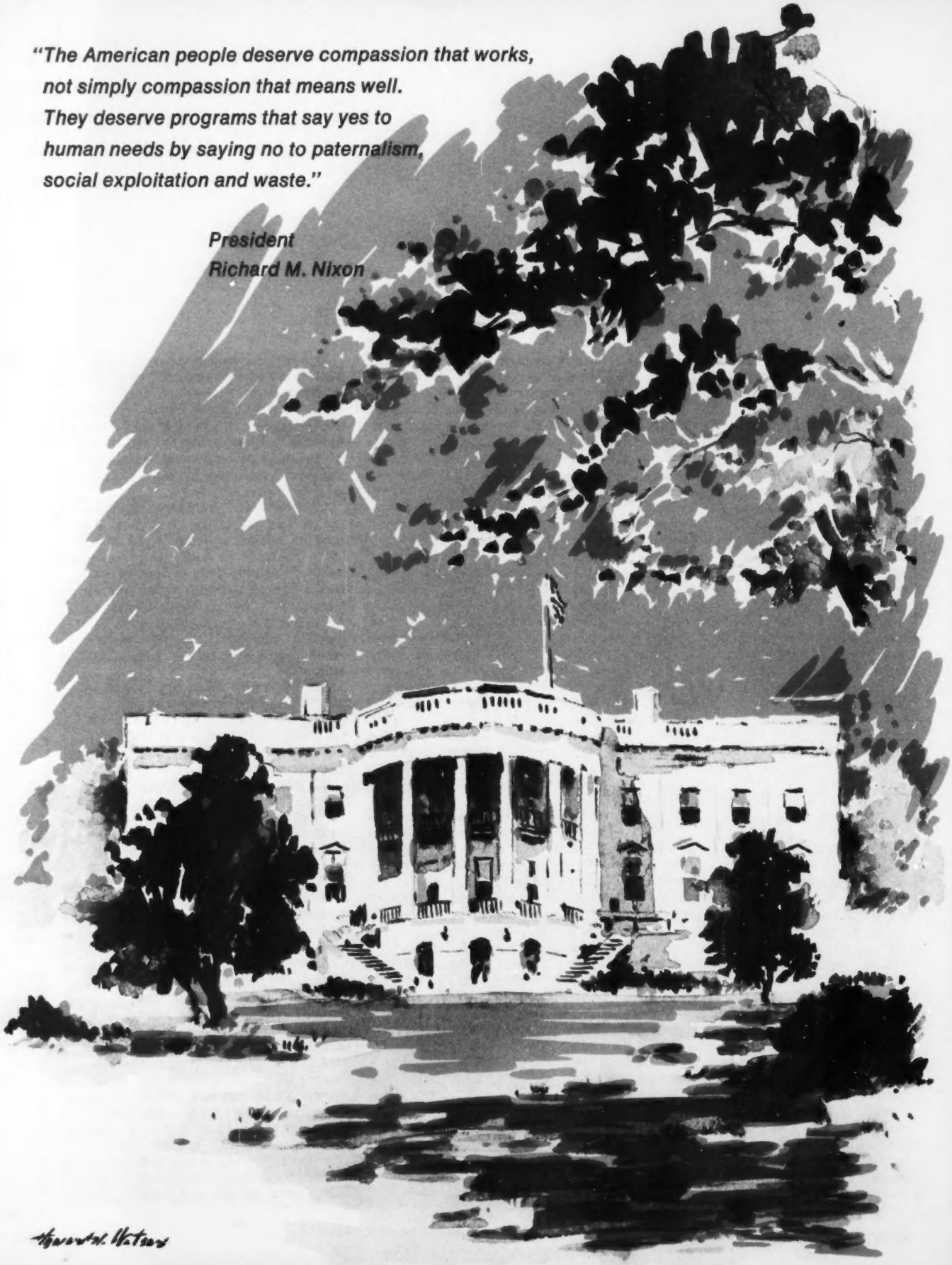
On July 21, 1971, the Governor announced the award of a contract for the six sites (five others to go to the Housing Authority itself) to Chicago Commons with funding of $1.2 million annually. The contract was actually entered on October 1, 1971.

Since then, three centers have been operating with full enrollment of 100 children each. A fourth center will open next month, and two others will begin their work by the end of this year.

The contract with the State contains, generally, the stipulation that "The primary purpose of this project is to provide, through comprehensive day care facilities, a well-rounded social and educational program aiding the maximum growth and development of the mental, social, physical, and emotional capacities of approximately 600 children throughout a portion of the Chicago Housing Authority's housing projects. Further, to provide employment opportunities for as many local parents as possible within the day care facilities and

*"The American people deserve compassion that works, not simply compassion that means well. They deserve programs that say yes to human needs by saying no to paternalism, social exploitation and waste."*

*President*
*Richard M. Nixon*



through other existing programs. And further, *to develop the capability of local residents to assume major roles in the administration of this program.*"

One central element in the agreement with the State is contained in the following declaration of intent: "It is the intention of the Chicago Commons Association *to create a controlled affiliate Illinois not-for-profit corporation* that will operate the proposed day care project. Chicago Commons presently intends to transfer all funds received under this contract to this new affiliate but will remain obligated and responsible for performance of the contract."

Thus, it became clear that an opportunity existed that would assist community groups, once organized, with the guidance of the parent agency and the State, in the operation of a substantial service. It would be accomplished under its own corporate institutional auspice, authority, and responsibility.

It is important to note that the Chicago Commons Association, while accepting the responsibility for the project, desisted from budgeting or charging any of its cost of administering its part in the agreement. Furthermore, the Chicago Commons Association obligated itself to finance (at a cost of $150,000 for three years) the community developmental component of the program, assuming the appropriateness of the State's function to finance the cost of service operations. The Chicago Housing Authority contributes the space for the six centers at a small cost.

The affiliate organization is called Centers for New Horizons, Inc. Headquarters are in the Heart of the largest Negro community in Chicago.

In order to mount the citizen and consumer participation part of the program, the Centers' staff approached the local Advisory Councils of the public housing projects (formerly appointed by the Housing authority, and now elected by the tenants). This organization was asked to nominate members of an "Interim Employment and Policy Committee." This committee provided entrance into the public housing community of these members for the initial purposes of recruiting parents, children, staff, and volunteers. (Individuals other than teachers—professionals with training and experience—must live in the community to be effective.)

Headquarter's staff are highly trained and experienced. The individual center staffs of the diverse locations are headed by trained personnel meeting professional requirements. On the present staff roster (for three centers), 17 persons are in the category of professionals and some 40 persons are aides who must be community residents.

After several months of recruiting activity, the interim committee was dissolved. It had gained footholds and established relationships with parents. Parents who enrolled were helped to organize their "Parent Congress." There was a potential for 100 to 200 persons (depending on the number of parents in the family of the enrolled child) to serve as members of the Congress. The Congress serves as the electorate for the committees, one of which is the important Center Policy Committee.

Centers for New Horizons operates under a board of directors. When all centers are established, this board will have six members representing the Parent Congress for each center.

Six other board members are of the board of directors of the parent agency, the Chicago Commons Association. Their number will be reduced or individuals will be replaced as the expertise and knowledge of the indigenous leaders progresses. This, of course, reflects the philosophy of community development: leadership competence followed by the obligation of the Chicago Commons Association to withdraw and "stand aside." The Headquarter's staff has an executive project director who carries out the board's decisions. He is also (as seen in the special community development commitment by Chicago Commons) a member of the Commons staff for a period of three years, providing a link to the professional group at Chicago Commons.

Several Headquarter's staff assistants carry out program coordination and serve as community development personnel. Special seminars and workshops help parents and others in the community interested in the program to understand the issues and to help resolve them.

Each center has a community service worker to meet the need for services. This is done directly or by referral to other resources in the actual educational program.

The operating program is now slightly more than one year old. However, the knowledge gained while mounting it, and the negotiations with many other agencies and community groups while developing it, indicate wide support for a process which has great promise.

Chicago Commons' New Horizons project illustrates a remarkably successful accomplishment in moulding a genuine consumer involvement program.

There were three pillars upon which New Horizons was built:

- *Citizen Engagement*—the early and still continuing process of attracting people interested in minority group children who want to assure them a positive early childhood experience which would mean much more than custodial care and protection
- *Consumer Involvement*—consumer participation (in more than an advisory role) with professional staff and the leadership board, and
- *Opportunity for Community Control* of activities deeply affecting the lives of the children by parents involved in such a service.

The way from the first to the last step along this scale of developments is often a long one. But it must be tried, and tried with the greatest of care. ■

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Mr. Brueckner has been an advisor on social services to city, State, and Federal agencies for a half century.

# Region V Review

## Child health program expands under Title XIX

BARBARA REYNOLDS. The goal of developing a nationwide child health care system to detect and manage problems at an early age appears within reach, according to Region V Medical Coordinator, Dr. Roger J. Meyer.

As a provision of the Social Security Act's Title XIX (Medicaid) regulations, the child health program has already been implemented in nearly half of the States. During 1973, plans are underway to create a working system for all eligible children throughout the country.

Since eligibility for Title XIX benefits determines which children are covered, Meyer points out that the program can only serve as an opening wedge in reaching the Nation's underprivileged children.

Meyer explains what the Early and Periodic Diagnosis, Screening, and Treatment program actually means for children:

1. It includes a system for all eligible children that will detect, protect against, and correct leading health problems like anemia, tuberculosis, visual and hearing handicaps, and many other disorders. Many of these conditions, if undetected, could seriously affect a child's health and development.

2. Proper early management of the health system will permit less expensive, more effective services on an ambulatory basis rather than costly and less productive services usually provided for on an inpatient basis.

3. Children under six will be served first because they represent a higher risk group. For this group, the "disease fuse" burns more rapidly before exploding into serious illness. By June 1973, Meyer hopes that all children under 21 will be covered by the program.

Meyer adds that, "this will not only be a program to detect the major diseases, which is a long standing goal, but will develop the means for prompt referral and correction of problems. It will be the missing link in the continuity of services. It also contains important provisions for accountability and outreach, which makes the program work for those in need."

According to Meyer, each State's program is unique, providing a good deal of flexibility in developing child health programs. For example, the rural child requires a quite different approach than the child in a crowded urban area where there are more resources. While treatment is usually limited to whatever is authorized in the State welfare department plan, the new arrangement guarantees coverage of followup expenses that are essential to the success of the program.

Meyer reports a number of innovative State programs in Region V designed to bring the early detection and management program into action. The Illinois Medichek program has developed a simple checkbook recording and payment plan for each recipient's purchase of child health services. Michigan and Wisconsin have developed followup accountability mechanisms which automatically report which clients need further followup and services. Ohio has utilized private practice leadership to develop an excellent program. Again, Michigan, and also Minnesota, have involved the State crippled children's agency screening resources to improve continuity of care.

"In summary," Meyer says, "the new medical service program reflects a new era in child health services. It will further extend the Nation's concern for children and convert this concern to practical action. We hope that this new direction will add further emphasis to the need for better children's services," Meyer concludes.

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Ms. Reynolds is our correspondent for Region V.

# HEW publishes report covering "Work in America"

HEW reports that while "significant numbers of American workers are dissatisfied with the quality of their working lives," they still believe in the value of work.

The discontent, according to an agency-appointed task force study, is the result of "dull, repetitive, seemingly meaningless tasks, offering little challenge or autonomy."

On the job, the discontent shows up in low production, poor quality products, high absenteeism and turnover rates, wild cat strikes, and sabotage.

On the personal level, worker discontent is measured by a decline in physical and mental health, family stability, and community participation, and an increase in social and political alienation, aggression, delinquency, and drug and alcohol addiction.

On the national level, the report argues that society is bearing social welfare costs that have their genesis in the workplace.

The report, "Work in America," was prepared by an independent task force appointed last year.

Report findings include the following:

1. Most workers want to participate in decisions affecting the outcome of their work and the design of their work tasks. To young workers in particular, an interesting job is as important as one that pays well. Pay ranks no higher than fifth in importance to workers, says the report, and the design of work tasks has not kept pace with the rapid and wide-scale changes in worker attitudes, aspirations and values.

2. Dissatisfying work is linked to heart disease and other physical and mental health problems. The greatest single predictor of longevity, the report says, is not whether or not one smokes or how often one sees a doctor, but the extent to which one is satisfied with one's work.

3. The so-called "blue-collar blues" is directly correlated with job dissatisfaction. Contrary to stereotype beliefs, blue-collar workers are no more racist than other Americans but are displacing their frustrations with work onto the government and onto groups unlike their own. White-collar workers and managers are increasingly discontented with their jobs in much the same way as blue-collar workers are discontented.

4. Minority workers see authoritarian work settings as evidence that society is falling short of its democratic ideals.

The task force says the Nation's industrial system can respond to the problems of American workers—and that the system can be strengthened in the process. Experiments show that productivity increases, sometimes spectacularly, and social problems decrease when workers participate in work decisions that directly affect their jobs.

The report shows that all parties in society can gain from a redesign of jobs in the following ways:

1. The worker gains self-respect and a feeling of mastery over his own environment, and participates in important decisions—which helps him overcome the disquieting feeling of distance from centers of decision-making.

2. Employers gain from the increased productivity of workers and from a diminution of conflict in the organization.

3. Unions gain increased loyalty from members (particularly younger workers) because of lower turnover and a increase in the feeling that the union is dealing with problems relevant to the workers' needs.

4. Society gains from reduced social welfare costs, and through less political and social alienation.

The report argues that improved job quality must go hand-in-hand with increasing the quantity of jobs. Evidence is offered that lowering the unemployment and underemployment rates among the fathers of welfare children is the key to ending welfare dependency.

# Mobility training aids one-in-four blind persons

SRS reports that roughly 1 in 4 visually handicapped persons in the Federally-assisted aid-to-the-blind program (AB) is now able to get around unaided.

An SRS study shows that they do so without the help of someone else, a dog, or devices such as a cane, crutches, or a walker. Although these persons have some vision, the main reason more and more of them can travel about independently is the mobility training they are given, a post-World War II development supported by SRS.

With this training, the visually handicapped can locate, ascend, and descend stairs; maintain a straight line when walking; locate intersections with and without curbs; and judge traffic sounds, patterns, and movements.

The aid to the blind program includes about 80,000 with severely impaired or no vision.

For purposes of the AB program, Federal policy defines blindness as including "persons having insufficient vision to perform tasks for which sight is essential, as well as persons without vision."

The SRS study was based on statistics compiled in 1970. The previous year such statistics were collected was 1962.

The study reveals that in the 8-year period there were increases in attendance at a school for the blind (11.3 to 14.2 percent); increases among those possessing a talking book machine (10.6 to 16 percent); and increased numbers of blind persons with the ability to read Braille (8.6 to 10.5 percent).

# SRS building named for Mary E. Switzer

The late Mary E. Switzer, a pioneer in the social and rehabilitation service field, was honored January 16th at a formal ceremony in which an HEW building was renamed in her memory.

It is the first Federal structure in the Nation's Capital to be named for a woman civil servant.

The Mary E. Switzer Memorial Building, formerly known as the "South" Building, is located at 330 C Street, S.W., near the foot of Capitol Hill. It houses HEW's Social and Rehabilitation Service, of which Miss Switzer was the first Administrator.

The memorial to Miss Switzer was created by an Act of Congress late last year. A commemorative plaque was unveiled at ceremony held at the building site.

In tracing Miss Switzer's career, former HEW Secretary Elliot L. Richardson said that her 48 years in the Federal service were "devoted to providing new horizons and new hopes for America's disadvantaged and vulnerable families and individuals.

"Miss Switzer's years of public service spanned an era marked by unprecedented growth and major change in social and rehabilitation programs. Her strong personality was a key factor in helping evolve and expand Federally financed programs for millions of people in need of services," Secretary Richardson said.

Former SRS Administrator John D. Twiname, who presided, told the gathering he regretted that "the Mary E. Switzer building has only five stories which makes it a building entirely too small to stand beside the towering achievements of her career in public service."

Mr. Twiname also reminded his audience that, "renovation of this building for handicapped persons was of particular importance to Miss Switzer," and added that architectural barriers in the building will be eliminated or minimized as much as possible as a model for other existing structures to follow in accommodating the disabled.

Participants in the unveiling ceremony included Miss Switzer's brother, Arthur, of Sayville, Long Island, and her sister, Ann, of Hartford, Conn. Mother Bernadette d'Lourdes of Trumbull, Conn., a sister, delivered the invocation. Mother Bernadette had been a close friend of Miss Switzer.

Among the notables accepting invitations to the dedication was Representative John Brademas of Indiana who introduced the legislation to establish the Federal memorial.

Other distinguished guests attending were Secretary of Defense Melvin Laird, Secretary of Health, Education, and Welfare Caspar Weinberger, former HEW Secretary Arthur S. Flemming, and Representatives Daniel Flood, Chairman of the House Appropriations Subcommittee on Labor and HEW, Garner E. Shriver of Kansas, and Martha W. Griffiths of Michigan.

Miss Isabella Diamond, Mary Switzer's long-time friend; Dr. Howard Rusk, Institute of Rehabilitation Medicine, New York University; Father Robert Henle, President of Georgetown University; Dr. Edward C. Merrill, Jr., President of Gallaudet College; E.B. Whitten, Executive Director, National Rehabilitation Association; and Dr. Joseph Hunt and Dr. Edward Newman, former Commissioners of Rehabilitation, all of whom served on the DHEW committee to recommend appropriate memorials to Miss Switzer, were also participants.

The United States Marine Band and a Joint Armed Forces Color Team also took part in the ceremony.

The guest list included Federal, State and local officials and leaders in the rehabilitation field from across the country.

During her lifetime, Miss Switzer was internationally known as a champion of the disabled and the disadvantaged.

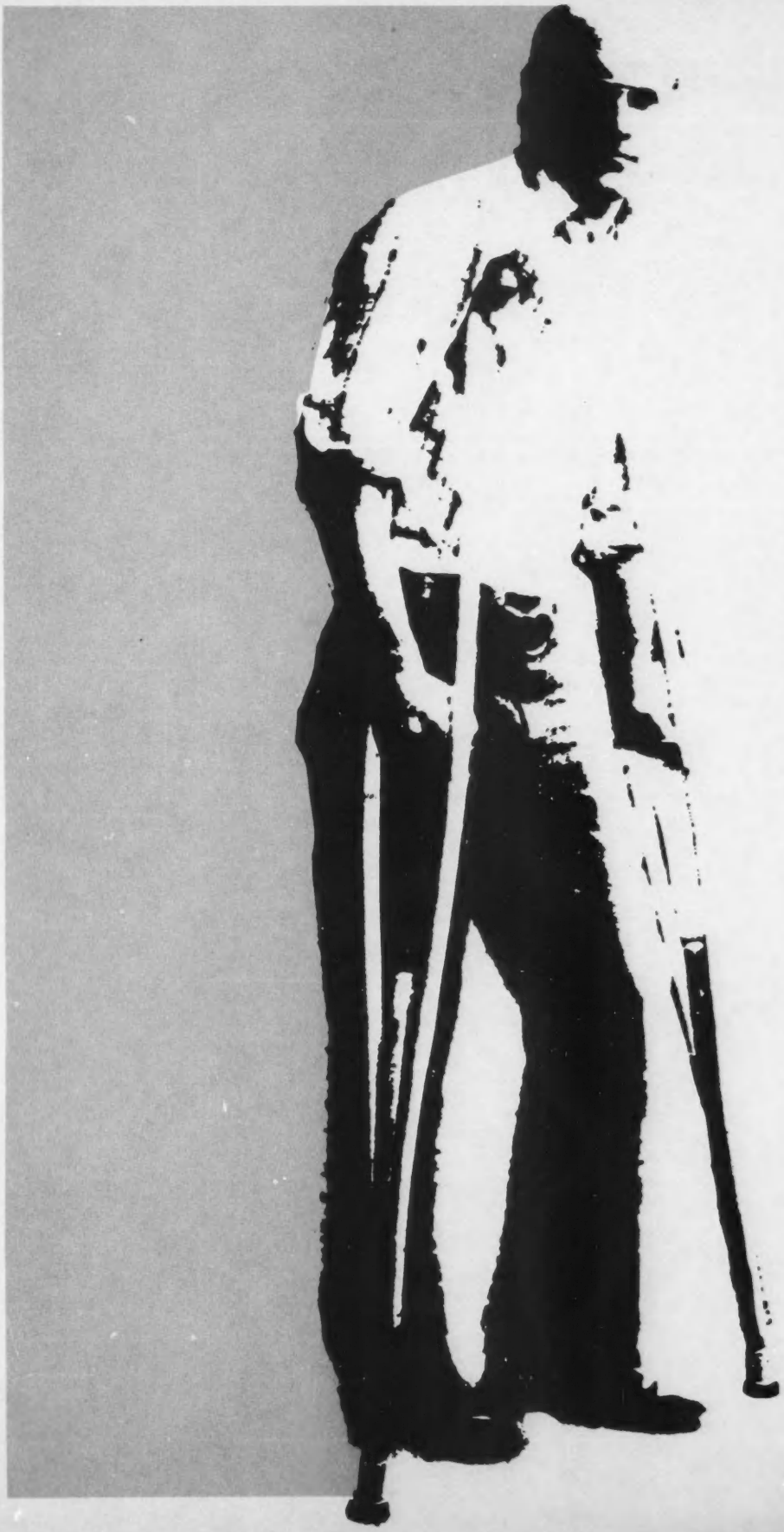
Upon graduation from Radcliffe, she entered the Treasury Department (which at that time supervised the U.S. Public Health Service) as a grade 2 clerk. By 1939, when PHS was made a unit of the newly established Federal Security Agency—HEW's predecessor—she had become Assistant to the Administrator with special concern for public health and vocational rehabilitation services.

Her work in that capacity during World War II won her the President's Certificate of Merit.

From 1950 until 1967, the year SRS was created, she headed the State-Federal rehabilitation program.

Upon her retirement from the Federal service in 1970, Miss Switzer became Vice President of the World Rehabilitation Fund, a post she held until her death on October 16, 1971.

Social and Rehabilitation Service programs provide cash and medical assistance to the poor, rehabilitation services to the physically and mentally disabled, and social services to children, youth, needy families, and the aged. **HN**



# Yes I can

My most wasted days
were those feeling sorry for myself.
I know where I'm headed now,
and that's a good feeling.

## Integrated Grant Administration Program System Flow Chart

A. Notification

1. Applicant
   (a) prepares notification of proposed project and submits to Federal Regional Council (FRC)
   (b) prepares notification information required under OMB Circular A-95 and submits to clearinghouses
2. FRC
   (a) accepts or denies proposal
   (b) appoints coordinating officer for accepted proposals
3. Coordinating officer
   (a) contacts Federal agencies to confirm availability of grant funds requested or locate alternate funding possibilities for proposal
   (b) coordinates the relationships between Federal and State grantor agencies
   (c) assists applicant in preparation of application
4. Applicant submits application to FRC (Through A-95 clearinghouse if issue remains)

B. Application Processing

1. FRC assembles task force of representatives from Federal agencies from whom funds are requested and from State agencies participating as State grantor agencies.
2. Task force
   (a) recommends a lead agency to FRC
   (b) reviews entire application and assures it has received clearinghouse coordination
   (c) obtains decisions on program funding from grantor agencies
   (d) recommends approval or disapproval to FRC
3. FRC
   (a) selects lead agency
   (b) approves or disapproves application
   (c) transmits approval or disapproval decision to applicant. Approval letter includes amount of award and identification of the lead agency
4. State agencies participating as grantor agencies notify grantee of decisions on State support. Approved project will receive State funds under established State procedures.
5. Federal grantor agencies submit the notifications of grant-in-aid action (OMB Standard Form 240) to the appropriate State central information reception agency.
6. Lead agency
   (a) establishes working fund and arranges for advances of funds from amounts obligated by Federal participating agencies to support project
   (b) issues integrated grant award to grantee

Submits continuation application

C. Project Execution

1. Lead agency
   (a) issues letter of credit as funding mechanisms for project
   (b) arranges for and coordinates program monitoring
   (c) receives and processes fiscal reports
   (d) reports to participating Federal agencies on project programs
   (e) handles requests for project revisions
   (f) monitors compliance with special conditions imposed with grant award
   (g) arranges for single Federal audit
   (h) monitors timely submission of continuation application
2. Grantee agency
   (a) performs projects in substantial conformance with approved work plans and in compliance with any special conditions imposed with award
   (b) prepares and submits required reports promptly
   (c) consults with lead agency concerning deviations from work plans, possible revisions in project, any problems related to use of proposed funds
   (d) revises annual work program

A new Federal procedure to simplify agency grant processing is now operational under the integrated grant administration program.

# How Federal Grantsmen Got it Together

WALTER W. BURLEIGH. Until about a year ago, if you asked the administrator of a social service program how he went about obtaining a Federal grant, the response would very likely have revealed his frustration with the experience. If you had asked what it was like to obtain grant funding requiring involvement of *more than one* government agency, the administrator would probably have thrown up his hands in despair.

The reaction (virtually 100 percent predictable in experienced social service officials) was usually justified. Multi-agency grants entailed a nightmare of paperwork for both the applicant and the awarding agencies. Little wonder, then, that the prospect of requesting funds even for a single project (which might require funding by as many as six separate agencies) would send chills through an official faced with applying.

Fortunately, times have changed. A new procedure, established about a year ago, now facilitates and speeds up the awarding of grants requiring funding by more than one agency. The new system is called the *Integrated Grant Administration Program* (IGA). Its design will vastly simplify multi-agency grant operations in the future.

IGA now provides the mechanism for a "single door" approach to grant awards. Under it, any organization seeking a multi-agency grant can make its application, obtain its acceptance, and receive its funding from a single source.

The number of these multi-agency grants is likely to increase as improved and increasingly sophisticated social services become available from the Federal Government. For instance, an organization which proposed to establish a rehabilitation program for returning Viet Nam veterans might be compelled to seek approbation and funding from a number of different agencies, especially if it wanted to offer complete and effective services to the veterans. Under such circumstances, SRS would have to make its contribution in the rehabilitation area, and perhaps additional monies and advice would be required from the Veterans Administration. The Department of Defense, the Office of Education, or the Department of Labor's manpower training program might also be asked for advice. To coordinate such a program in a single project would require the approval and funding of each agency.

Prior to the establishment of IGA, funding a project of this type would have entailed massive paperwork. The organization proposing the rehabilitation program would have had to deal with as many as five or six agencies for the accomplishment of that single project. It was time-consuming, tedious, expensive, and sometimes ultimately unsuccessful. There have been cases where organizations ended up with the proverbial "three-legged table" —a project which had obtained the approbation of, say, three agencies but which was never able to obtain the approbation of the necessary fourth agency. Sometimes months and even years were expended in these projects, only to see them ultimately abandoned. And the real loser here was the consumer who was deprived of valuable social services which could have been delivered to him.

IGA has now simplified the wearisome procedure which required an organization to go from agency to agency to obtain funds. Instead, there is a single conduit through which the grant can be awarded, funded, and administered. This single source is the *Federal Regional Council*, and there are ten of them nationwide.

These ten Federal Regional Councils are existing bodies, and they meet regularly to discuss and coordinate interdepartmental activities in their area. There might be as many as 30 members on each Council, representatives of each Federal agency operative in the area, such as Treasury, Defense, IRS, and HEW. However, the Councils have now

been given the additional responsibility of coordinating the grant process for applications which require multi-agency funding.

In summary, these are the steps involved in the new process:

1. The organization requesting a grant, whether public or private, first makes a preliminary application to the Federal Regional Council in its region, outlining the proposed project for which a grant is requested. Since this is a preliminary application it may even be presented informally in narrative form.

2. The Federal Regional Council then studies the application and makes an initial decision to accept or reject this preliminary proposal. If the proposal is accepted, the Council appoints a coordinating officer from the Council who will guide the organization through the grant process. This coordinating officer is usually a representative of the Federal agency which the Council feels will ultimately become the key agency in the grant project.

3. The coordinating officer is an invaluable service person in the grant process. He contacts the various Federal agencies which would participate in the grant and ascertains the availability of funding. If he finds that funds are unavailable, he then explores the possibility of alternate funding. Sometimes he might find that part of a grant can be funded from a regional authority, while another portion can be funded from the central office of another agency. He even coordinates the Federal, State, and municipal agencies which might have to participate in the project. He then coordinates the relationship between all these agencies and the applying organization. Finally, he assists the organization in the actual preparation of the grant application which is again presented to the Federal Regional Council.

4. Upon receipt of this formal application, the Council appoints a task force consisting of representatives of the various agencies which will participate in the grant. This task force reviews the entire application, obtains decisions on funding from the various organizations, and finally recommends approval or disapproval to the Federal Regional Council.

5. If the Council approves the final application it will then appoint one of the agencies as the lead agency—the one funding the core portion of the grant.

6. The lead agency becomes responsible for management, funding, reports, audit, and other management operations. The IGA program will have worked out an arrangement with the Treasury under which the grantee can now receive funding solely from the lead agency. The lead agency is able to issue a letter of credit and make regular payments. It then charges the other agencies participating in the grant.

7. Throughout the course of the project, the lead agency continues to coordinate the program and to monitor it. It also reports to the other participating agencies. The grantee, on the other hand, must maintain adequate accounting concerning each element of the program as it pertains to the other agencies involved. While it may submit a single expenditure report, it must indicate separately the precise program element expenditure. But all reports, both program and financial, are sent to the lead agency.

Thus, IGA provides a single source for application, funding, and monitoring of the complex multi-agency grants. It is anticipated that about twenty-five of these grants will be processed through IGA in 1973, with SRS serving as the lead agency for 4 of these grants. In the years to come, there will undoubtedly be even more use for IGA grants in such SRS programs as mental retardation rehabilitation. Such programs might require the combined funding of a number of agencies—SRS, Public Health Service, Labor, and Education.

Information about IGA may be obtained from any one of the Ten Federal Regional Councils. Also available is a booklet which supplies more detailed and technical data about the program. Entitled "The Integrated Grant Administration (IGA) Program," it was published January 14, 1972, by the Office of Management and Budget, Washington, D. C. 20503.

In addition to the inter-departmental grants funded under IGA, there is a new Division of Consolidated Funding being organized within HEW. This unit will be patterned on the IGA philosophy and will provide "single door" access to the various agencies *within HEW*. Under this HEW program, an estimated twenty multi-agency grants will be awarded in 1973. SRS will be the lead agency for several of them.

The procedures followed for processing these grants (funded entirely within HEW) are parallel to the procedures used by IGA at the interdepartmental level. Information about this new HEW program may be obtained from the Regional Directors, DHEW, or from the new HEW Division of Consolidated Funding, Washington, D. C.

The values of such programs as IGA are readily apparent. They immediately cut through the maze of red tape formerly required to obtain a multi-agency grant. The streamlined operation saves time, money, and nervous energy. There is a single door for application, a single door for funding, and a single door for reporting. Furthermore, the organization is better served during the grant process by the appointment of a coordinating officer. He not only assists the organization in the preparation of the application, but he also serves as an advocate to other agencies, State and Federal, in sponsoring the allocation of funds for the grant.

Most importantly, the new IGA process is a vastly improved method for offering the American people through social service organizations, at large better access to the Federal services which are available to them.

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Mr. Burleigh is Director of SRS' Division of Finance.

## INTEGRATED GRANT ADMINISTRATION PROGRAM

| Regional Hdqtrs-City | HEW Contact | Telephone No. |
|---|---|---|
| I<br>Boston | Peter Sullivan<br>J.F.K. Federal Office Bldg.<br>Government Center<br>Boston, Mass. 02203 | (617) 223-5350 |
| II<br>New York | Art O'Leary<br>26 Federal Plaza<br>New York, New York 10007 | (212) 264-4607 |
| III<br>Philadelphia | Joe Yarbrough<br>401 North Broad Street<br>Philadelphia, Pa. 19108 | (215) 597-6479 |
| IV<br>Atlanta | Earl Forsythe<br>50 Seventh St., N.E.<br>Atlanta, Ga. 30323 | (404) 526-5208 |
| V<br>Chicago | Andy Bavas/Barry Gale<br>300 South Wacker Drive<br>Chicago, Illinois 60606 | (312) 353-5207 |
| VI<br>Dallas | Jerry Stephens/ Harvey Bradshaw<br>1114 Commerce St.<br>Dallas, Tex. 75202 | (214) 749-1431 |
| VII<br>Kansas City | Ralph Anderson/ William Henderson<br>601 East 12th St.<br>Kansas City, Mo. 64106 | (816) 374-3584 |
| VIII<br>Denver | Phylis Pearson<br>Federal Office Bldg.<br>19th and Stout Streets<br>Denver, Colo. 80202 | (303) 837-4796 |
| IX<br>San Francisco | Beau Carter<br>50 Fulton St.<br>San Francisco, Calif. 94102 | (415) 556-7053 |
| X<br>Seattle | Jerry Mann/Dick Hughes<br>1321 Second Avenue<br>Seattle, Wash. 98101 | (206) 442-0490 |

New York City's division of foster homes for adults is successfully demonstrating a sound, humane alternative to institutionalization.

# *A home for adult* Foster Care

PETER A. DICKINSON and KATHRYN MOODY. All too often, institutionalization becomes the final "solution" for the elderly in this country, many of whom need only semi-protective care. Thus, thousands of men and women, often with decades of productive, rewarding life behind them, spend the autumn years of their existence in unwilling, institutionalized dependency, lonely and in despair.

Clearly, institutionalization is the *only* answer for a large number of the elderly, particularly in cases where partial or total disability is involved. But in a great many situations, the requirements of our senior citizens can be adequately met with only minimal care in an unstructured environment.

Recognizing the need of an increasing number of older persons for semi-protective care as an alternative to institutionalization, New York City's Division of Foster Homes, Department of Social Services, in 1943 took on a pioneering role in starting a foster home program for adults.

"The purpose of the program," says Director Grace Kaplitt, "is to prevent institutionalization of people who cannot live alone in the community because of age, infirmity, physical or emotional handicap, or mental retardation. The program matches selected proprietors and disabled adults who seem suited to living together in a family environment."

A family-type foster home provides companionship, comfort, and safety for ambulatory persons who require help in daily living, but who don't require continuous medical or nursing care or skilled observations. Clients who have physical limitations or emotional problems may be referred to the agency for foster home placements.

Consider the case of Mr. Murray. He is 63 years old and alone. After 20 years in Manhattan State Hospital (a mental institution) a physician referred Mr. Murray for trial placement in a foster home. The Department of Social Services placed him with John and Mary Brady and their six children. When he first met the Bradys two years ago, young John, age 13, had to teach Mr. Murray to shave himself—he hadn't been able to before. He still needs help with bathing and someone to remind him of appointments and bedtime. But after two years in a foster home, he laughs with gusto, chats openly with guests, plays cards with the children, practices spelling with the young ones, and especially cherishes his long walks in the community.

Mr. Murray has been an unemployed mental patient, receiving medication for most of his life. A year ago, for the first time in 25 years, he began living without *any* medication. Smiling and gesturing broadly he proclaims, "It's nice to meet a different kind of people—different from the institution. It's so nice to see people doing the normal things . . . to be out in the community." Such is the benefit of foster homes.

Mr. Murray can do more for himself than many clients. Some are blind, some need wheelchairs, some need to be fed or bathed. The properly-selected family can incorporate most any handicap not requiring continuous medical care. Drug addicts and alcoholics are the exception. A person with a communicable disease would not be placed in a foster home.

All clients are adults (about 50 percent are over 65). All are public assistance recipients. All need semi-protective care. About 1,400 clients are now living in foster homes throughout all five boroughs of New York City. Eleven hundred proprietors make the program work on a day-to-day basis.

"The proprietor of the home is the heart of the program," says Mrs. L. Nutter, a social worker with the Department of Social Services. Proprietors are selected for their warmth of personality, interest in providing services, and physical ability to care for clients. Mrs. Nutter adds, "When I interview proprietors the most important question in my mind is, Is this a woman who gives of herself?"

Supportive consultation is provided to enable proprietors to understand the needs of their residents and to promote growth.

The Brady home itself shows what care can do. It is spotless and cozy with favorite family photographs every-

# The Brady Bunch

"The woman is the heart of the home," says Mrs. Mary Brady. "But it's hard work—that's what it really takes."

When the Bradys sixth child, Kevin, began school, Mrs. Brady felt lonely. "In Ireland I was the second oldest of ten children," she adds. Rose and Annie Platnick and Francis Murray soon became the Bradys' clients.

Rosie and Annie are 29-year-old twins. They are mildly retarded and Annie has a congenital lip condition. Both need semi-protective care at this time. They had lived with their father who openly rejected them and took the little money they had. When the Department of Social Services placed the twins at the Bradys, they appeared in ragged clothes. Annie did not know how to wash her own stockings; Rose had bedsores all over her frail, boney back.

Today—two years later—they laugh and talk and inundate Mrs. Brady with praise and love. Says Annie: "The biggest difference in my life is that for the first time I'm happy. She's a mother to me and I love her." Rose and Annie work at Goodwill Industries, marking and hanging clothing.

Francis Murray, 63, also lives with the Bradys and Annie and Rose. After 20 years in a mental institution, he tells proudly that he no longer needs any medication. Mr. Murray says, "I love to take long walks in the community . . .the children worry about me when I'm out. It's really nice to have somebody worry about you!"

Mr. John Brady, a foreman with the Penn Central Railroad explains, "I work evenings so I'm not home for dinner. . . but we all spend a lot of time together."

There are many "matches" within the family. Maureen, age 13, teaches Rose and Annie reading from elementary books. "Our favorite thing to do is play school. . . Maureen is an excellent teacher," says Rose Platnick. Maureen, an eighth grader, plans to become a teacher of handicapped persons. Mr. Murray goes to the library with Kevin, age 10. Mrs. Brady, as the proprietor and mother, has a knack for nourishing human nature.

where. "Mr. Brady and I do all the work ourselves," she says proudly—the pleasure twinkling in her Irish eyes.

When the proposed foster home has met the standards of care in such areas as housekeeping, nutrition, sanitation, and health, it may be approved. Meals must be nutritious and attractive. Proprietors submit menus to the Department's nutritionist each month. All of the Department's standards conform to local health, housing, and fire laws which protect both the resident and the proprietor. Homes in high crime areas are not considered suitable for disabled clients. After the initial inspection of the home, the staff of the program visits the home periodically to insure maintenance, to provide consultation for the proprietor, and to observe the adjustment of the client.

The proprietor and her (his) household provides all the services to the client that a family would provide. If the client is elderly he may even need to be fed, clothed, provided special diets, and given needed transportation to the out-patient clinic. Particular problems call for specific services.

Annie Platnick is a mildly retarded adult with a congenital hip condition. She can do many things, but she cannot bathe herself in a bathtub alone. She needs Mrs. Brady, her proprietor, to put her in the tub without falling. "She has a pin in her hip," Mrs. Brady explains, "so she can't bend."

In return for room, board, and all the other services, the client pays $230 per month for a single room or $220 per month for shared accomodations based on local cost of living figures. In addition, the client-resident receives an allowance of $17.00 per month from the Department of Social Services to cover clothing, personal incidentals, and expenses incident to age or handicap.

The matching process identifies clients and recruits proprietors. Matching pairs each client with the proprietor who can best appreciate his needs and enhance his growth. This begins with referral.

When the referring agency recommends foster care, it makes the request on a Department form which asks for necessary information. Is the person blind? An amputee? Is a wheelchair required? Can he bathe himself? In the case of mental patients, a psycho-social summary is required.

With this information, "matching" stands a good chance. Consulting the central listing of approved foster homes, the Department seeks the home which suits the client's particular requirements and interests. "There's no such thing as an ideal home or a typical home. Just as there is no such thing as a typical client. Properly matched, there is something that's good for everybody," comments Miss Kaplitt, Director of the program. Often the client and the proposed proprietor will meet before the placement is made.

Word-of-mouth knowledge is the best and most popular technique for recruiting proprietors. In addition, the Department of Social Services distributes a pamphlet and posters. Radio and newspapers also advertise the program.

Pioneering gets to be a habit. New York's Department of Social Services pioneered this alternative to institutions in 1943. It was not only the first, but it is the largest of its kind. The Department keeps on pioneering. Not only does it match weak with strong, old with young, homeless with homes, but it has also begun to match white with black, Jews with Catholics.

"The practice is successful and growing," says Grace Kaplitt. "It depends mainly on the willingness of the people involved." Another reason: there are more black proprietors than white, and there are more white clients than black.

In 1966, a pilot project was tried in which public assistance recipients were recruited to be proprietors. The payment they receive for their services helps them to become more independent and self-maintaining. Also, homes were recruited in New York Housing Authority apartments. Miss Kaplitt adds, "These ideas have proved so successful that they have become part of the ongoing program."

Finding funding is always a challenge. Currently, the Department of Social Services receives its funds for general administrative costs from Federal, State and local governments. "We're saving the State a tremendous amount of money," says Miss Kaplitt, "because every one of our 1,400 clients would otherwise have to be institutionalized." Rates for institutional care range from $500 per month all the way to $1,500 per month. Miss Kaplitt also points out that there aren't enough institution beds for the present needs, so the program alleviates that problem. Perhaps the outstanding validation is that the clients are happier and healthier when living in the community.

Miss Kaplitt observes that the program is greatly understaffed. "We should have 40 social workers but now have only 23. We would like to expand the program. With additional funds, it would be possible. The program has built-in growth possibilities and definitely should be expanded."

Francis Murray, and Rose and Annie Platnick are but three of the people who have been helped by New York City's foster care program. There are, however, thousands more like them in New York who are not as fortunate; they are institutionalized.

But the program, however limited in its ability to service all those who could benefit from it, has nevertheless performed an exemplary task during the past three decades. It has demonstrated beyond reasonable challenge that a warm and loving family, such as the Bradys, satisfies the needs of the elderly to an immeasurably greater degree than do expensive and impersonal institutions. HN

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Mr. Dickinson is the former Editor-in-Chief of *Harvest Years* and now a consultant on the problems of aging. Kathryn Moody is his research associate.

# CAREER OPPORTUNITIES

## Adult and Aging Programs

FIELD CONSULTANT ADULT SERVICES. Professional, Supervisory and consultation work in public welfare. Master's degree with 4 years of experience or 2 years in supervision, or a Bachelor's degree and 7 years of experience. $10,495—$13,022. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

CHIEF, BUREAU OF ADULT SERVICES. Plan a complete social service program for adults, including recipients of Old Age Assistance. Aid to Needy Blind, Aid to Permanently and Totally Disabled and Medical Assistance. Master's degree and 5 years of experience with 2 years in supervision. $12,144—$15,038. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

SOCIAL WORK SUPERVISOR (ADULT SERVICES) MSW and 1 year of experience. $11,124—$14,340. Can appoint above min. depending on experience. Write: Marathon Co. Dept. of Soc. Svc., 302 Grand Ave., Wausau, Wisc. 54401.

FIELD REPRESENTATIVE ON AGING. To develop and carry out community programs in State Office on Aging. Bachelor's degree in public administration, psychology, personnel management, or related field, and 2 years of experience in public or private personnel, public health, or related field. $593—$842. Write: Merit System Council, 1910 W. 7th St., Little Rock Ark 72202.

WELFARE SERVICES SPECIALIST. Adult Services Program, MSW and 1-1/2 years of experience. Additional experience may substitute for MSW on 2 for 1 basis. $9,600—$13,128. Write: Recruitment & Placement Sup't., Dept. of Welfare & Institutions, Per. Sec., 429 S. Belvidere St., Richmond, Va. 23220.

SPECIALIST IN AGING I. To collect and communicate information about status of senior citizens, to train and supervise staff. Master's degree or bachelor's and 1-2 years of experience in related field, or equivalent experience and training. $9,612. Write: Dir., Sr. Central, Mayor's Office for Sr. Citizens, 223 N. Michigan Ave., Chicago, Ill. 60601.

SPECIALIST IN AGING II. To administer field program. Master's degree and 2-3 years of experience or bachelor's degree and 3-5 years of experience. $11,700. Write: Dir., Sr. Central, Mayor's Office for Sr. Citizens, 223 N. Michigan Ave., Chicago, Ill. 60601.

CLINICAL PSYCHOLOGIST. Doctor's degree in psychology. $1,062—$1,497. Write: Dept. of Admin., Div. of Pers'l. and Retirement, Carlton Bldg., Tallahassee, Fla. 32304.

## Manpower Services

RESEARCH AND STATISTICS SPECIALIST. Master's degree in social science or related field and 2 years of responsible research experience, including the planning and conduct of research activities. $13,728. Write: Coordinator, Div. of Admin. on Aging, Dept. of Mental Health & MR, Room 1105, Ohio Depts. Bldg., Columbus, Ohio 43215.

DIRECTOR OF RESEARCH AND EVALUATION. Master's degree in behavioral sciences, Ph.D. preferred. Experience in survey research and statistics, experience in evaluation of social action programs desirable. $16,000—$20,000. Write: Correctional Manpower Services Project, 203 North Wabash Ave., Suite 2210, Chicago, Ill. 60601.

MANPOWER PLANNING SPECIALIST. Master's degree in planning, business administration, industrial engineering or social sciences desirable. Ability to write well required. $15,000—$18,000. Write: Correctional Manpower Services Project, 203 North Wabash Ave., Suite 2210, Chicago, Ill. 60601.

EXECUTIVE DIRECTOR (Mental Retardation). Bachelor's degree with administrative or supervisory experience. Salary is negotiable. Write: Chairman of Board, LOMR, 2202 So. 11th St., Lincoln, Nebr. 68502.

ADMINISTRATIVE OFFICER. Bachelor's degree and 3 years of experience in personnel, budgeting, research, or administrative management. $10,500—$13,500 dependent upon qualifications. Write: Director, Juvenile Welfare Board, 3455 1st Ave., So., St. Petersburg, Fla. 33711.

INFORMATION - COMMUNICATION SPECIALIST. To plan, coordinate, and direct community and public relations activities concerning needs of and services for children and families. Bachelor's degree, preferably with a major in Journalism or English and 4 years experience. $10,500—$13,500. Write: Director, Juvenile Welfare Board, 3455 1st Ave., So., St. Petersburg, Fla. 33711.

## Mental Health

PSYCHIATRIC SOCIAL WORKER. To coordinate Day Care Facility. Master's degree. Salary negotiable. Write: Director, Prince William County Community Mental Health Center, 9590 Surveyor Court, Manassas, Va. 22110.

CLINICAL PSYCHOLOGIST. Consultant to social service staff, administers and interprets psychological examination, participates in the monitoring and assessing of social service purchases under Title IV of the Social Security Act $10,980—$15,660. Write: Personnel Director, St. Louis County Welfare Dept., 422 West Third St., Duluth, Minn. 55806.

SENIOR PSYCHOLOGIST. To operate rural mental health clinic. Master's degree and 4 years of experience. $13,000 and negotiable. Write: Psychologist-Administrator, Southeastern Colo. Family Guidance Center, Otero County Court House, La Junta, Colo. 81050.

## Health Services

EDITORIAL RESEARCH ASSOCIATE. To review literature and research in field of Maternal and Child Health and to report and evaluate MCH projects under study. Experience and education in health sciences, journalistic ability, and editorial experience in field of health. $17,000. Write: Helen M. Wallace, Md., U. of Calif., School of Public Health, 513 Earl Warren Hall, Berkely, Calif. 94720.

PUBLIC HEALTH NURSE TRAINEE. Graduation from an approved school of nursing. $7,407—$9,454. Write: Pa. State Civil Service Commission, Bureau of Recruitment, Room G-53, So. Office Bldg., Harrisburg, Pa. 17120.

PUBLIC HEALTH NURSE 3. MSW in nursing or public health and 3 years of experience, 2 years of which were in a supervisory, consultative or teaching capacity. $13,500—$15,120. Write: Administrative Officer, Wisc. 53701.

PUBLIC HEALTH NURSE 1 or 2. MSW and at least one year of ex-

perience and one year in a supervisory, consultative, or teaching capacity. $10,536—$12,360. Write: Administrative Officer, Wisconsin Division of Health, P.O. Box 309, 1 West Wilson St., Madison, Wisc. 53701.

NURSE I. Graduation from an approved school of professional nursing. $7,407—$9,454. Write: Pa. State Civil Service Commission, Bureau of Recruitment, Room G-53, So. Office Bldg., Harrisburg, Pa. 17120.

NURSING CONSULTANT SUPERVISOR. Bachelor's degree in nursing and 3 years of experience in public health nursing or related field, including 1 year in supervision, or graduation from accredited school of nursing and 4 years in public health nursing, with 1 year in supervision. $821—$1,164. Write: Merit System Council, 1910 W. 7th St., Little Rock, Ark. 72202.

## Social Work Supervision

LOCAL WELFARE DIRECTOR II. MSW and 1 year of experience in social work. Additional experience may substitute for MSW on a year for year basis. $9,470—$15,315. Write: Merit System Supervisor, 300 State Finance Bldg., Richmond, Va. 23219.

FIELD CONSULTANT, CHILD AND FAMILY SERVICES. Professional supervisory and consultation work in public welfare. Master's degree and 5 years of experience or a Bachelor's degree and 8 years of experience. $10,975—$13,596. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

SUPERVISOR, ASSISTANCE PAYMENTS. Master's degree in social science and 3 years of experience or a Bachelor's degree and 6 years of experience. $9,531—$11,639. Write: Dept of Personnel, State House Annex, Concord, N.H. 03301.

ASST. CHIEF, MEDICAL SOCIAL SERVICE. Master's degree in social work or a related field with 3 years of experience in social work or 1 year in medical social work or medical care administration. $10,495—$13,022. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

PLANNING-FUNDING SPECIALIST. To conceptualize, coordinate, and write new or expanded programs contingent upon funding sources. Master's degree in Social Work plus 5 years of experience. $11,000 to $15,000 dependent upon qualifications. Write: Director, Juvenile Welfare Board, 3455 1st Ave., So., St. Petersburg, Fla. 33711.

RESEARCH-EVALUATION SPECIALIST. To compile, analyze, and interpret statistical data. Bachelor's degree and at least one year of graduate training in Social Work and 5 years of experience in statistical work and/or research. $11,000—$15,000 dependent upon qualifications. Write: Director, Juvenile Welfare Board, 3455 1st Ave., So., St. Petersburg, Fla. 33711.

TRAINING SPECIALIST. Master's degree in Social Work plus 5 years of experience. $11,000—$15,000 dependent upon qualifications. Write: Director, Juvenile Welfare Board, 3455 1st Ave., So., St. Petersburg Fla. 33711.

ASST. SUPERVISOR, ASSISTANCE PAYMENTS. Administer money payment programs, assist in training and supervision of case technicians. Master's degree and 2 years of experience or Bachelor's degree and 5 years of experience. $8,773—$10,863. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

LOCAL WELFARE DIRECTOR IV. MSW plus 4 years of experience. $14,400—$20,400. Write: Area VII Social Services Administrator, 4403 - 1st Ave., S.E., Cedar Rapids, Iowa 52402.

## Rehabilitation

REHABILITATION COUNSELOR. In facility setting, primarily for mentally retarded. Master's degree preferred in rehab. counseling or related field, or bachelor's degree. Experience helpful but not required. $8,000 (B.A.); $9,200 (M.A.). Write: Sup'r, N. Cent. Rehab. Ctr., 746 14th Av. N., Fort Dodge, Iowa 50501.

ASST. WORKSHOP DIRECTOR (Rehabilitation). Bachelor's degree preferred. $8,500 depending on qualifications. Write: Director, Randolph County Sheltered Workshop, P.O. Box 151, Red Bud, Ill. 62278.

VOCATIONAL EVALUATOR II. Master's degree in vocational rehabilitation, vocational evaluation, or Bachelor's degree and 2 years of experience in vocational evaluation, rehabilitation, tests and measurements or other related field. $9,408—$11,708. Write: Vocational Evaluation Supervisor, Vocational Evaluation Unit, 1620 E. Polk At., Phoenix, Ariz. 85006.

VOCATIONAL EVALUATOR. Bachelor's degree in Industrial Arts Education, Sociology or Psychology. Master's degree with testing/counseling experience preferred. $10,000. Write: Vocational Evaluation Unit, 3987 University Drive, Fairfax, Va. 22030.

ALCOHOLISM PLANNERS. (6 positions). Bachelor's degree with some graduate training, and planing or community organization experience. $10,600—$12,900. Write: Robert Threlkeld, Bureau of Rehabilitation, 32 Winthrop Street, Augusta, Maine 04330.

ASSISTANT DIRECTOR—PROGRAM SERVICES. (Arizona Economic Security Dept.) Minimum of 5 years high-level managerial experience involving administrative direction of subordinate supervisors engaged in a variety of activities and which includes responsibility for program development and directions in the rehabilitation or social service field or both. $20,680-$26,782. Write: Arizona State Personnel Commission, 1831 West Jefferson, Phoenix, Ariz. 85007.

## Nutrition



SUPERVISING DIETITIANS. Minimum qualifications for Dietitians plus additional 2 years of experience, or a master's degree and completion of an approved dietetic internship may be substituted for 1 year of experience. $9,814—$11,894. Write: State Dept. of Civ. Serv., State Off. Bldg. Campus, Albany, N.Y. 12226.

DIETITIANS. Bachelor's degree in dietetics or related field, or in home economics with major in nutrition, and 1 year of experience in hospital or therapeutic dietetic work, or completion of approved postgraduate hospital dietetic internship, or master's degree in dietetics or nutrition. $8,648—$10,104. Write: State Dept. of Civ. Serv., State Off. Bldg. Campus, Albany, N.Y. 12226.

DIETITIAN TRAINEES Bachelor's degree with major in dietetics or related field, or home economics. $8,169. Write: State Dept. of Civ. Serv., State Off. Bldg. Campus, Albany, N.Y. 12226.

DIETITIAN I. Bachelor's degree with major work in dietetics, institutional administration, or hotel administration. $8,163—$10,432. Write: Pa. State Civil Service Commission, Bureau of Recruitment, Rm. G-53, So. Office Bldg., Harrisburg, Pa. 17120.

PUBLIC HEALTH NUTRITIONIST TRAINEE. Bachelor's degree with major course work in foods and nutrition. $8,163—$10,432. Write: Pa. State Civil Service Commission, Bureau of Recruitment, Rm. G-53, So. Office Bldg., Harrisburg, Pa. 17120.

NUTRITION SPECIALIST. To direct a state-wide program in nutrition for the elderly. Bachelor's degree in food/nutrition plus Master's or MPH in nutrition. Completion of a dietetic internship or its equivalent. $15,787. Write: Coordinator, Division of Administration on Aging, Dept. of Mental Health and Mental Retardation, 1105 Ohio Dept. Bldg., Columbus, Ohio 43215.

## Medical Services

PEDIATRICIAN. Medical degree. Experience is desirable but not mandatory. Part time work considered. Virginia license required. Salary open. Write: Chief of Health Services, Northern Virginia Training Center, 9901 Braddock Rd., Fairfax, Va. 22030.

INTERNIST. Medical degree. Experience is desirable but not mandatory. Part time work considered. Virginia license required. Salary open. Write: Chief of Health Services, Northern Virginia Training Center, 9901 Braddock Rd., Fairfax, Va. 22030.

PHYSICIAN. Medical degree. Experience is desirable but not mandatory. Part time work considered. Virginia license required. Salary open. Write: Chief of Health Services, Northern Virginia Training Center, 9901 Braddock Rd., Fairfax, Va. 22030.

PUBLIC HEALTH PHYSICIAN II. Assist in developing chronic disease programs and in regional program development. Medical degree and completion of internship in an approved hospital, Pa. license and 4 years of experience in the field of public health. $25,115—$29,079. Write: Director, Division of Chronic Diseases, Pa. Dept. of Health, P.O. Box 90, Harrisburg, Pa. 17120.

## Casework

DIRECTOR, JUVENILE COURT DIAGNOSTIC AND EVALUATION TEAM. To coordinate a 12-member team preparing social history investigations and treatment plans for children referred by the court. Master's degree and some additional credits toward the doctorate. $12,600. Write: Court Administrator, Norfolk Juvenile and Domestic Relations Court, 800 E. City Hall Ave., Norfolk, Va. 23510.

COUNSELOR, INTENSIVE TREATMENT UNIT. Master's degree; no experience required. $10,020. Write: Director, Outagamie County Dept. of Social Services, Court House Annex, Appleton, Wisc. 54911.

SOCIAL WORKER I. MSW. $8,544—$10,908. Write: Children's Services Division, 507 Public Service Building, Salem, Oreg. 97310.

SOCIAL WORKER II. MSW plus 2 years of experience. $9,432—$12,012. Write: Children's Services Division, 507 Public Service Building, Salem, Oreg. 97310.

**Mail your agency's classified listings to Editor, HUMAN NEEDS, DHEW-SRS, Washington, D.C. 20201. Applicants should apply directly to the hiring agency, NOT this magazine. No "situation wanted" or nongovernmental listings accepted. There is no charge or fee of any kind for this service.**

SOCIAL WORKER III. MSW plus 4 years of experience. $10,392—$13,272. Write: Children's Services Division, 507 Public Service Building, Salem, Oreg. 97310.

SOCIAL WORKER I. Master's degree. $9,408—$11,712. Write: State Personnel Commission, P.O. Box 6756, Phoenix, Ariz. 85005.

SOCIAL WORKER II. Master's degree plus 2 years of experience. $11,004—$13,680. Write: State Personnel Commission, P.O. Box 6756, Phoenix, Ariz. 85005.

SOCIAL WORKER III. Master's degree and 2 years of experience in supervision. $11,916—$14,832. Write: State Personnel Commission, P.O. Box 6756, Phoenix, Ariz. 85005.

SOCIAL SERVICE WORKER III. Bachelor's degree and 3 years of experience or 1 year of graduate work and 1 year of experience. $8,748—$10,656. Write: State Personnel Commission, P.O. Box 6756, Phoenix, Ariz. 85005.

PUBLIC HEALTH SOCIAL WORKER. MSW and 2 years of experience including supervised social case work and clinical experience. Driver's license necessary. $11,929—$12,412 (Upstate) $12,129—$12,612 (Metropolitan Area). Write: Director, Public Health Social Work, New York State Dept. of Health, 845 Central Ave., Albany, N.Y. 12206.

SOCIAL SERVICE WORKER IV. Master's degree. $8,712—$11,016. Write: County Director II, Benson County Welfare Board, Minnewaukan, N. Dak. 58351.

## Faculty Appointments

PROGRAM SPECIALIST REHABILITATION OPERATIONS MANAGEMENT OR PRODUCTION. Plan, organize, and teach in training seminars for rehab personnel, may teach 1 undergraduate class. Some travel. Master's degree in Rehab. Management, Ind. Ed. or Ind. Engineering and 5 years of experience. Salary according to qualifications. Write: Project Dir., Region III Training Program for Facility Pers., Juli Hall, U. of Maryland, College Park, Md. 20742.

SPEECH PATHOLOGIST. Direct and coordinate speech pathology, language development, teaching and research program. Ph.D. Salary open and competitive. Write: Director, Meyer Children's Rehabilitation Institute, (U. of Neb.), 444 So. 44th St., Omaha. Neb. 68131.

PEDIATRIC NURSE PRACTITIONER. To direct a University based, multidisciplinary program for children with developmental disabilities. Completion of pediatric nurse practitioner course and/or Master's degree in pediatrics or MCH. Salary open. Write: Director, Meyer Children's Rehabilitation Institute, (U. of Neb.) 444 So. 44th St., Omaha, Neb. 68131.

ASSISTANT SUPERINTENDENT (Correctional Diagnostic Treatment Facility). Bachelor's degree with major work in psychology, sociology, penology or a related social science. Four years of experience, including 1 year of administrative. Master's degree may be substituted for 1 year of experience. $12,948. Write: Superintendent, Correctional Diagnostic Treatment Facility, P.O. Box B, St. Albans, Vt. 05478.

PROJECT DIRECTOR. To coordinate health manpower study, conduct surveys and collect data. Master's or Ph.D. preferred but not essential; familiarity with survey methods, health manpower data sources. $15,000, some room for negotiation. Write: Director, Health Systems Res. Div., Box 210, Med. Sci. Bldg., U. of Florida, Gainesville, Fla. 32601.

ASSISTANT DIRECTOR. To develop and implement projects, do research, direct graduate students, and teach as required in health systems. Ph.D. in operations research, engineering, business admin., or behavioral science with quantitative emphasis. Some experience in health systems analysis desirable. $18,000. Write: Dir., Health Systems Res. Div., Box 210, Med. Sci. Bldg., U. of Florida, Gainesville, Fla. 32601.

CORRECTIONS INSTRUCTOR. To teach undergraduate and graduate classes in corrections, probation and parole. Doctorate degree and 3 years of experience in a correctional agency. Salary is negotiable, depending on experience. Write: Director, Corrections Program, Chicago State U., 500 North Pulaski Rd. Chicago, Ill. 60624.

NURSE. Direct and coordinate teaching and research program in nursing for children with handicaps. Master's degree, prefer doctorate, with background in public health or programs for children. Salary open and competitive. Write: Director, Meyer Children's Rehabilitation Institute (U. of Neb.), 444 So. 44th St., Omaha, Neb. 68131.

COORDINATOR FOR CONTINUING EDUCATION AND IN-SERVICE TRAINING. To provide the major staff resource for the Institute's in-service training and education programs, including technical assistance to community services. Master's degree and experience in developing continuing education programs. Salary dependent upon training and experience. Write: Director, Meyer Children's Rehabilitation Institute (U. of Neb.), 444 So. 44th St., Omaha, Neb. 68131.

## Social and Rehabilitation Service (Budget Authority in Millions)

| | 1972 | 1973* | 1974 |
|---|---|---|---|
| **Public Assistance:** | | | |
| Maintenance Assistance | $ 6,143 | $ 6,488 | $ 5,529 ** |
| Medical Assistance (Medicaid) | 4,279 | 4,728 | 5,272 |
| Social Services | 1,712 | 2,855 | 2,000 |
| Training | 35 | 42 | 45 |
| Child Welfare | 46 | 46 | 46 |
| **Subtotal** | 12,215 | 13,959 | 12,891 |
| **Work Incentives** | 259 | 291 | 534 |
| **Social and Rehabilitation Services:** | | | |
| Rehabilitation Services | 618 | 640 | 660 |
| Developmental Disabilities | 50 | 44 | 44 |
| Programs for the Aging | 44 | 196 | 196 |
| Delinquency Prevention | 10 | 10 | 10 |
| Research and Training | 109 | 92 | 64 |
| **Subtotal** | 830 | 982 | 964 |
| Allied Services Act (to be proposed to the Congress) | — | — | 90 |
| Assistance to Cuban Refugees | 139 | 146 | 90 |
| Salaries and Expenses | 46 | 64 | 79 |
| **Total Social and Rehabilitation Service** | $13,497 | $15,451 | $14,522 ** |

*HEW will have operated under a Continuing Resolution, largely at FY 1972 funding levels, for all of FY 1973.

**In addition, $2,212 millions are to be expended for the "adult categories" by the Social Security Administration beginning January 1, 1974.

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